Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **October 1-15**, **2007.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR								Version 7/0
FEDERAL ASSISTANCE			2. DATE SUBMITTED			Applicant Iden	lifier	
1. TYPE OF SUBMISSION: Application	Pre-application		3. DATE RECEIVED BY	STA	TE	State Applicat	on Identifier	
Construction	Construction	1	4. DATE RECEIVED BY	FED	ERAL AGENCY	Federal Identif	ler	
Non-Construction	Non-Constru							
5. APPLICANT INFORMATION								
Legal Name:					genizational Unit parlment			
RURAL MEDIA ARTS & EDUCA	ATION PROJECT	hkooner/ks—a	excellent destination review & Many property responds to tradition differ a community of the present which and passe	۲	partment			
Organizational DUNS; 118248900			RECEIVED	Di	vislon:			
Address:			A desired Variety Restrict 1 17 Second Study	Na	me and telephor	e number of pe	rson to be contac	ed on matters
Street: P.O. BOX 898 4994 6TH. 5	TRRET		OCT - 1 2007	in	rolving this appli foc			
City: Mariposa		STA	TE CLEARING HOU			ANTHON		
County: MARIPOSA		VEN KATHU	When the second	La	I Name DANOVICH			
	State: Zip Code			-	ffix:			
CALIPORNIA	95338-4994			50				
Country: UNITED STATES			<u>-</u>		iail: pygsti.net			
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			-	one Number (give	area code)	Fax Number (give	rea code)
31-1736950	1			(2	09) 742-6666		(209) 742-666	}
8. TYPE OF APPLICATION:				7.	TYPE OF APPLIC	ANT: (See back	of form for Applica	ion Types)
✓ New If Revision, enter appropriate lett		untior	Revision	NO	N PROFIT 501C			
(See back of form for description	of letters.)]		Oth	er (specify)			
Other (specify) RURAL BUSINESS ENTERPRIS	e grant	-			NAME OF FEDER			
10. CATALOG OF FEDERAL	OMESTIC ASSIST	TANC	E NUMBER:	11.	DESCRIPTIVE T	TLE OF APPLI	CANT'S PROJECT	
		٢	10-769	C7	FE 6 AT THE C	LD MASONIC H	ALL	
TITLE (Name of Program):	•	L	20 703					
12. AREAS AFFECTED BY PR	OJECT (Cilies, Col	untles	States, etc.):	1				
MARIPOSA COUNTY, MADERA	COUNTY			1				
13. PROPOSED PROJECT				14.	CONGRESSION	AL DISTRICTS		
Start Date:	Ending Date:			a. /	Applicant		b. Project	
09-30-2007 15. ESTIMATED FUNDING:	09-30-3008				IR APPLICATIO	N SUBJECT TO	REVIEW BY STAT	F FXFCUTIVE
					DER 12372 PRO	CESS?		
a. Federal \$			99,000	a. '	Yes. THIS PR	REAPPLICATION	APPLICATION W	NS MADE
b. Applicant \$			25,000		PROCE	SS FOR REVIEW	VON	// / / / / / / / / / / / / / / / / / /
c. State \$			3,000	1	DATE	04-30-2007		·
d. Local \$			w	b. 1	Na. DPROGR	AM IS NOT COV	ERED BY E, O. 12	372
e. Other MARIPOSA COUNTY			25,000	1	OR PRO		T BEEN SELECTE	BY STATE
f. Program Income \$, co	17.	IS THE APPLIC	ANT DELINQUE	TON ANY FEDE	RAL DEBT?
g. TOTAL \$			152,000		Yea If "Yea" atta	ch en explanation	. Z No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY	THE (ALL DATA IN THIS APP SOVERNING BODY OF	LIC	ATION/PREAPPL APPLICANT AN	ICATION ARE TO THE APPLICA	RUE AND CORRE	CT. THE WITH THE
a. Authorized Representative								
Profix MR.	First Name ANTHONY				L.	e Name		
Last Name RADANOVI CH					Suffix			
b. Title BOARD CHAIR					209	ephone Number -742-6666	_	
d. Signature of Authorized Report	aentative				e. Da	te Signed 9/17	107	
Previous Edition Usable Authorized for Local Reproduction	n						Standard Form Prescribed by Of	124 (Rev.9-2003) IB Circular A-102

1. Type of Submission: Prescriptation 7 New 1 N	Span or and "			Expiration Date: 01/31/2009
Prespication J New Continuation Other (Specify) Changed/Cornsted Application Applicant Applicant Applicant Applicant Applicant	Application for Federal Ass	stance SF-424		Version 02
Continuation Control Continuation Control Continuation Control	*1. Type of Submission:	* 2. Type of Application:	* If Revision, sciect appropriate letter(s):	
Changed/Cornocted Application Revision	Presphication	⊘ New		,
*3. Data Received : 4. Applicant Identifier:	☑; Application	: Continuation	* Other (Specify)	
Sale Use Only: Sale Use Only: So. Federal Award Identifier: So. Federal Award Identifi	Changed/Corrected Application	. Revision		
Sa. Faderal Entity (contifier: State Use Only: 6. Date Reserved by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: - 1. Legal Name: Celifornia Academy of Sciences - b. Employer Taxpayar Identification Number (EINTIN): 6-1153288 6. Address: - Streat1: - Streat2: - Streat3: - Streat3: - Streat4: - Streat6: - Streat6: - Streat7: - Streat7: - Streat7: - Streat8: - CA: California - Province: - County: - Caly Festal Code: (94103) - Organizational Unit: - Department Name: - Division Name: - Treat Name: - Division Name: - Streat8: - Call Name: - Division Name: - Streat8 - Streat9 - Strea	* 3. Dale Received:	4. Applicant Identifier:		The state of the s
State Use Only: 6. Date Received by State: 7. Stafa Application Identifier: 8. APPLICANT INFORMATION: * a. Legal Name: California Acedemy of Sciences * b. EmployerTaxpeyer Identification Number (EINTIN): 6. Organizational DUNS: 6. California 7. State: 6. CA: California 7. State: 7. CA: California 7. State: 8. CA: California 8. Province: 8. CA: California 9. Organizational Unit: 9. Organizational Unitidation: 9. Organizational Affiliation: 10. Organizational Unitidation: 10. Organizational Unitidation: 10. Organizational Affiliation: 10. Organizational Affiliation: 10. Organizational Unitidation: 10. Organizational Unitidational Unitidational Unitidational Unitidational Unitidational Unitidationa	Completed by Grants.gov upon aubmission.			
8. APPLICANT WFORMATION: a. Legal Name: Celifornia Academy of Spiences b. EmployerTaxpayer Identification Number (EIN/TIN): c. Organizational DUNS: 64-1155288 G774932456 d. Address: 5iveatt: 876 Howard Syreat Syreat2: City: San Francisco Country: U.S.A. UNITED STATES 276 Postal Code: 94103 e. Organizational Unit: Department Name: Division Name: Province: Province			* 5b. Federal Award Identifier;]
8. ASPLICANT INFORMATION: * a. Legal Name: California Acedemy of Sciences * b. Employar/Taxpayar Identification Number (EIN/TIN): * c. Organizational DUNS: # c. Organizational Unit: # CA: California # CA:	State Use Only:		If the desire of	
8. APPLICANT INFORMATION: *a. Legal Name: California Academy of Sciences *b. Employar/Taxpayar Identification Number (EINTIN): 84-1158288		7, State Application	n Identifier:	
* b. Employer/Taxpeyer Identification Number (EINTIN): B4-1156288 d. Address: * 6 Fire 1: 6 Fire 1: 6 Fire 6 Howard Street Street?: City: County: State: CA: California Province: Country: USA: UNITED STATES 2 p / Postar Code: B4103 Division Name: Proving yand Mammalogy Research Namo and contact Information of person to be contacted on matters involving this application: First Name: Division Name: Division Name: Division Name: Division Name: Division Name: Division Name: United yand Mammalogy Research Lest Name: Dumbacher Urifix: Illa: Curetor Triganizational Affiliation: altiomia Accodemy of Sciences Talephona Number: [415-321-8537] Fax Number: 415-321-8537	8. APPLICANT INFORMATION:			
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d. Address: **Streat1: 876 Howard Street Street2: City: San Francisco County: State: CA: California Province: Country: USA: UNITED STATES 276 / Postal Code: 94103 - Organizational Unit: Division Name: Province Province Division Name: Province Prov	* b. Employer/Taxpayer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:	A)AA)
Street2: City: San Francisco County: State: CA: California Province: County: USA: UNITED STATES Zip / Postal Code: 94103 c. Organizational Unit: Department Name: Division Name: Provintibology and Mammalogy Research Namo and contact Information of person to be contacted on matters involving this application: Prefix: Or: First Name: John Ididie Name: P: Last Name: Dumbacher Urfix: Ittle: Curetor Ittle: Caretor Ittle: Car	94-1156258		074632456	
Street: 876 Howard Street Street2: San Francisco County: State: CA: California Province: USA: UNITED STATES Zip / Postal Code: 94103 - Organizational Unit: Department Name: Division Name: Research Resea	d. Addiress:			
Street2: City: San Francisco County: State: GA: California Province: County: USA: UNITED STATES Zip / Postal Code: 94103 e. Organizational Unit: Department Name: Division Name: Research Name and contact Information of person to be contacted on matters involving this application: Prefix: Dr: First Name: Lonn Idide Name: P. Lest Name: Dumbacher utifix: Itie: Curetor rganizational Affiliation: alifornia Academy of Sciences Telephone Number: 415-321-8351 Fax Number: 416-321-8637	* Street1: i876 Howard Stre	et		
County: State: CA: California Province: Country: USA: UNITED STATES Zip / Postar Code: 2ip / Postar				
State: GA: California Province: Country: USA: UNITED STATES Zip / Postal Code: [94103] e. Organizational Unit: Department Name: Division Name:				
State: GA; California Province: Country: USA: UNITED STATES Zip / Postal Code: 94103 2. Organizational Unit: Department Name: Division Name: Ornithology and Mammalogy Research Name and contact Information of person to be contacted on matters Involving this application: Orefix: Or. • First Name: John Indidie Name: P. Lest Name: Dumbacher Urfix: Itle: Curator Irganizational Affiliation: alifornia Academy of Sciences Talephona Number: 415-321-8351 Fax Number: 416-321-8637				
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Last Name: Dumbacher utfix: ltle: Curator rganizational Affiliation; alifornia Academy of Sciences Telephone Number: 415-321-8351 Fax Number: 416-321-8637	Prefix: Dr.	• First Name	: John	
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Telephone Number: 415-321-8351 Fax Number: 416-321-8637	organizational Affiliation;			
	alifornia Academy of Sciences			· —· · · · · · ·
Email: ijdumbacher@cslacademy.org	Telephoла Number: 415-321-8351		Fax Number: 416-321-8637	
	Email: idumbacher@calacademy.org			

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Salect Applicant Type:	
Type of Applicant 3: Seloot Applicant Type:	
AND THE PERSON NAMED TO ADD TO	,
* Other (specify):	
460 Normal Padamb Assault	had also the pop design, present the second
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
[11.439	
CFDA Title:	
Marine Mammal Data Program	
* 12. Funding Opportunity Number:	
NMFS-PRPO-2008-2001036	
* Title:	
FY 08 John H, Prescott Marine Mammat Rescue Assistance Grant Program	
	<u></u>
13. Competition Identification Number:	
2076822	
Titla:	
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	The state of the s
14. Areas Affected by Project (Cities, Counties, States, etc.):	
California: Senoma County, Marin County, Contra Costa County, Alameda County, Santa Clara County, San Francisco County, San Mateo County	
······································]
15. Descriptive Title of Applicant's Project:	
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ministrating marring data consolicit radiuties and sheerilds arentae at the demonstrative seasons or constraint	j
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Nusch supporting documents as specified in agency instructions.	ł
AGC: AND DATE OF THE PARTY OF T	

Application for Federal Ass	Istance SF-424	Version 02
16. Congressional Districts Of:		
a. Applicant CA-008	* b. Progra	m/Project CA-008
Attach an additional list of Program/	Project Congressional Districts if needed.	
CAS_Additional_Congressional_Dis	ricts.r. Add Attachment Deleia Attachment View Attach	megu
17. Proposed Project:		
* a. Start Date: D6/01/2008	• b.	End Date: 06/01/2009
18. Esúmated Funding (\$):		
' a. Fedorai	100,000.00	
* b. Applicant	41,456.00	
° c. State	0.00	
* d. Local	0.00	
' e. Olhar	0.00	
*f. Program Income	0.00	
g. TOTAL	141,456.00	
,	n Any Federal Debt? (If "Yes", provide explanation.)	
, Yes	Explanation	
harein are true, complete and acc comply with any resulting terms if may subject me to criminal, civil,	ertify (1) to the statements contained in the list of certifical rate to the best of my knowledge. I also provide the requisional award. I am aware that any false, fictitious, or administrative penalties. (U.S. Code, Title 218, Section lices, or an internet site where you may obtain this list, is contained.	lired assurances** and agree to r fraudulent statements or claims 1001)
Authorized Rapresentative:		
Prefix:	* First Name: Alison	7 th 100 to 100
Middle Name;		
Last Name: Brown		
Bullix:		
Title: Chief Financial Officer		,
Telephone Number: 415-321-8169	Fax Number: 415	5-321-8609
Email: abrown@calacademy.org		
Signature of Authorized Representati	e: Completed by Grants gov upon submission. Date Signed:	Completed by Grants,gov upon submission.

			Management of the second secon				
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB 10/01/2007	MITTED	Applicant Identifier				
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application Identifier				
1. TYPE OF SUBMISSION	4. Federal Ide	entifier					
Pre-application Application Changed/Corrected Application							
5. APPLICANT INFORMATION		* Organizational	DUNS: 124726725 RECEIVE				
* Legal Name: The Regents of the University of Califor	nia						
Department: Sponsored Projects Office	Division:		/ UCT - 2 200				
* Street1: 2150 Shattuck Ave. Suite 313	Street2:		STATE				
* City: Berkeley Cou	inty: Alameda		STATE CLEARING HO				
Province:	* Country: JNIT	ED S1 * ZIP / Postal Code:					
Person to be contacted on matters involving this applica	ation						
Prefix: First Name:	Middle Name:	r manager rangement of the first	ast Name: Suffix:				
Patricia		Ga	tes				
Phone Number: (510)642-8109	ax Number: (51	0)642-8236	Email: SPO_grants_gov@lists.berkeley.edu				
6 EMPLOYER IDENTIFICATION (EIN) or (TIN);		7. * TYPE OF APPLICANT:					
94-6002123		H: Public/State	Controlled Institution of Higher Education				
B. TYPE OF APPLICATION: V New		Other (Specify):					
! Resubmission [Renewal Continuation [Revision	Sm [jii] Women Owned	all Business Organization Type				
If Revision, mark appropriate box(es).		9, * NAME OF FEDERAL AC	SENCY:				
A. Increase Award B. Decrease Award m C. Inc	crease Duration	Chicago Service Center					
[편] D. Decrease Duration 께 명, Other (specify)		10. CATALOG OF FEDERA	L DOMESTIC ASSISTANCE NUMBER:				
• Is this application being submitted to other agencies?	Yes[No	81.049					
What ather Agencies?		TITLE: Office of Science F	nancial Assistance Program				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT							
Precision Beam Diagnostics and Instrumentation for Full	ture Colliders and	d Ligth Sources					
12. * AREAS AFFECTED BY PROJECT (cities, countle Berkeley, Alameda, California	es, states, etc.)	,					
13. PROPOSED PROJECT:		14. CONGRESSIONAL DIST	TRICTS OF:				
* Start Dete * Ending Date		a. Applicant	b. * Project				
06/01/200B 05/31/2011		CA-009	CA-009				
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	R CONTACT INF	FORMATION					
Prefix: "First Name:	Middle Name:	······ · · · · · · · · · · · · · · · ·	est Name: Suffix:				
Prof. Yury	<u> </u>	Kal	omensky				
Position/Title: Assistant Professor	* Organization	on Name: The Regents of the	University of California				
Department: Physics	Division:						
* Street1: 366 LeConte Hall	Street2:						
* City: Berkeley Cou	unty: Alameda		* State: CA: Califon				
Province:	* Country: JNIT	ED ST * ZIP / Postal Code	: 94720-73DO				
* Phone Number: (510)486-7811 Fa	ox Number: (510	0)495-2957	Email: yury@physics.berkeley.edu				

OMB Number: 4040-0001

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

5106428236

Page 2

16. ESTIMATED	PROJECT FUNDING				APPLICATION S ER 12372 PROC		T TO REVIE	W BY S	TATE EXE	CUTIVE
a. * Total Estimated b. * Total Federal & c. * Estimated Prog	k Non-Federal Funds	618,445.00 618,445.00 0.00		a. YES CATE: b. NO	THIS PREAL AVAILABLE PROCESS F 10/01/2007 PROGRAM PROGRAM REVIEW	TO THE FOR RE	: STATE EX VIEW ON: 	ECUTIVE	E ORDER 1	12372
true, complet resulting terr criminal, civi	is application, I cert to and accurate to the ras if I accept an awail, or administrative 1 agree	ne best of my k ard. I am aware penaltles. (U.S.	nowledge. I als that any false, Code, Title 18,	o provide fictitious, Section 1	the required as or fraudulent s 1001)	suranc etateme	es * and ag nts or clair	ree to c ns may !	omply wit subject m	h any e to
19. Authorized R	onrosantativo									
ĺ	st Name:		Middle Name:			" Last N	ame:			Suffix:
Patri	cia				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gates				·
* Position/Title:	Assistant Director, Fe	deral Projects	- Organizat	ition: The Regents of the University of California						
Department: 5	Sponsored Projects O	ffice	Division:	****				`)		,
Street1:	150 Shattuck Ave. Si	uite 313	Street2:				•	Ì		
City: Berkeley		Сь	unty: Alameda			-	State: CA	: Califon		
Province:			Country: JNI	TED ST	" ZIP / Postal C]		
Phone Number:	[/510\642-910Q		x Number: 1(510			; ''``] * Em		mote or	ov@lists.be	rkelev edu
FIIONE NUMBER.	(310)542-5108		x Humber. ((510	7,042-0230			an. [31 0_1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J 4 (B) 1 a ta . De	incley.Edd
•.	Signature of Author	ized Represent	ative				* Date Sig	gned		•
	Completed on submis	ssion to Grants.g	Δ v		Co	mpleted	on submiss	on to Gr	ants.gov	
20. Pre-applicati	on			*****	Add	Attac	ilinent	1, 717.5	am vac hillion	·
21. Attach an ad	ditional list of Proje	ct Congression	,	eeded.	Cens a Europe	. 100, 1		-		

OMB Number: 4040-0001

County: Alameda

* Country: JNITED ST

Fax Number: (510)495-2957

* City: Berkeley

* Phone Number: (510)486-7811

Province:

OMB Number: 4040-0001

Expiration Date: 04/30/2008

* State: CA: Californ

* Email: yury@physics.barkeley.edu

" ZIP / Postal Code: 94720-7300

Add Attachment

20. Pre-application

8 5106428236

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment

SF 424 (R&R) APPLIC. ON FOR FEDERAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 618,445.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 618,445.00 DATE: 10/01/2007 c. * Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR 18. By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) √. • Lagree * The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative * First Name: " Last Name: Suffix: Prefix: Middle Name: Patricia Gates * Position/Title: The Regents of the University of California Assistant Director, Federal Projects * Organization: Spansored Projects Office Division: Department: * Street1: 2150 Shattuck Ave. Suite 313 Street2: State: CA: Califon County: Alamede City: Barkeley * ZIP / Postal Code: 94704-5940 Province: JNITED ST * Phone Number: (510)642-8109 Fax Number: (510)642-8236 * Email; | SPO_grants_gov@llsts.berkeley.edu * Date Signed Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov

OMB Number: 4040-0001

APPLICATION FOR FED		2. DATE SUBMITTED 10/01/2007			Applicant Identifier				
SF 424 (R&R)	<u> </u>	3. DATE REC	EIVED BY STATE	State Application	Identifier				
1. TYPE OF SUBMISSION		4. Federal Ide	entifier		<u></u>				
Pre-application Application Changed/Corrected	aplication d Application								
5. APPLICANT INFORMATIO	ON		* Organizat	ional DUN	IS: 124726725				
* Legal Name: The Regents	of the University of Califo	rnia				Commence of Contract of Contra			
Department: Sponsored P	rojects Office	Division:				RECEIVED			
*Street1: 2150 Shattud	ck Ave. Suite 313	Street2:							
* City: Barkeley	Co	ounty: Alameda		1.5	itete: CA: Califori	OCT - 2 2007			
Province:))))) () () () () () () () (* Country: JNIT	ED ST * ZIP / Postal Cod	de: 94704	-5940	STATE CLEARING HOUSE			
Person to be contacted on ma	atters involving this applic	ation	,			THE RESIDENCE OF THE PROPERTY			
Prefix: * First Name:		Middle Name:	T 130 180 180 (N) 1	* Last N	ame:	Suffix:			
Patricia				Gates					
* Phone Number: (510)642-	8109 F	Fax Number: (51	0)642-8236	Em	ail: SPO_grants_g	gov@lists.berkeley.edu			
6 EMPLOYER IDENTIFICA	ATION (EIN) or (TIN):		7. * TYPE OF APPLICA						
94-6002123			H: Public	/State Con	trolled Institution o	f Higher Education			
8. TYPE OF APPLICATION	: V New		Other (Specify):						
Resubmission [] Renev	wal Continuation ["]	Revision	[iii] Women Owned	Small Bi	ısiness Organizatlo ∷ Socially an	n Type d Economically Disadvantaged			
If Revision, mark appropriate i	box(es).		9. * NAME OF FEDERA	AL AGENC	Y:				
A. Increase Award B. (Decrease Award 前 C. In	icrease Duration	Chicago Service Center						
[[id]] D. Decrease Duration [[iii]]			10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:						
• Is this application being sub	mitted to other agencies?	Yes[No	81.049						
What other Agencies?			TITLE: Office of Science Financial Assistance Program						
11. DESCRIPTIVE TITLE O	F APPLICANT'S PROJEC	CT:							
Precision Beam Diagnostics	and Instrumentation for Fu	iture Calliders and	Ligth Sources						
12, * AREAS AFFECTED BY Berkeley, Alameda, California		es, states, etc.)							
13. PROPOSED PROJECT:	10 (1912)	_	14. CONGRESSIONAL	DISTRICT	S OF:				
* Start Date	* Ending Date		a. Applicant		b. * Project				
06/01/2008	05/31/2011		CA-009		CA-009				
15. PROJECT DIRECTOR/PR	RINCIPAL INVESTIGATO	R CONTACT INF	ORMATION			· · · · · · · · · · · · · · · · · · ·			
Prefix: * First Name:		Middle Name:		* Last Na	ame:	Suffix:			
Prof. Yury	* *** *********************************		Times the seamen security or a sec under the	Kalomen	sky				
Position/Title: Assistant Pro	fessor	• Organizatio	on Name: The Regents	of the Univ	ersity of California				
Department: Physics		Division:							
* Street1: 366 LeConte	Hall	Street2:			·				
* City: Berkeley	Co	ounty: Alameda		• \$	State: CA: Califor				
Province:	2 4 M	*Country: JNIT	ED ST * ZIP / Postal	Code: 94	720-73D0				
* Phone Number: (510)486-	7811 F	ax Number: (610] - Ema	all; yury@physics	.berkeley.edu			

OMB Number: 4040-0001

SF 424	IRRE BIL	CATION EOD EE	EDERAL ASSIST	ANCE	t.	Page	2			
	D PROJECT FUNDING		17.	17. * IS APPLICATION SUBJECT 10 REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?						
	ated Project Funding	618,445.00	a. Y	ES THIS PREAPPLICATION AVAILABLE TO THE S' PROCESS FOR REVIE	TATE EXECUTIVE OF					
	rogram Income	0.00	DA	TE: 10/01/2007						
	•		b. N	IO PROGRAM IS NOT CO	VERED BY E.O. 123	72; OR				
				PROGRAM HAS NOT E	BEEN SELECTED BY	STATE FOR				
true, comp resulting to criminal, c	olete and accurate to the rms if I accept an award in I accept an accept and accurance and accurance accept and accept accept and accept and accept and accept accept accept and accept accept accept accept accept and accept	he best of my kno ard. I am aware th penalties. (U.S. C	owledge. I also pro hat any false, fictili Gode, Title 18, Sect	n the list of certifications" and vide the required assurances lous, or fraudulent statements ion 1001)	and agree to com or claims may sub	ply with any ject me to				
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true, compressiting to criminal, c The list of co Authorized refix: Pasition/Title: Espariment: Street1: City: Berket rovince:	blete and accurate to the errms if I accept an awn ivit, or administrative 1 agree 1 agree 2 agree 3 agree 4 Representative 5 agree 5 agree 6 agree 8 agree 8 agree 9 agree 9 agree 1 agree 1 agree 1 agree 2 agree 2 agree 3 agree 4 agree 5 agree 5 agree 6 agree 7 agree 8 agree 9 agree 9 agree 1 agree 1 agree 1 agree 2 agree 3 agree 4 agree 5 agree 6 agree 7 agree 9 agree	ne best of my kno ard 1 am aware th penalties. (U.S. C , or an Internet site who doral Projects ffice uite 313 Count Fax h	wiedge. I also pro hat any false, fictili code, Title 18, Sect diddle Name: Organization: Division: Street2: http://diameda.country: JNITEO S Number: (610)642-	vide the required assurances ious, or fraudulent statements ion 1001) **Illet, is contained in the ennouncement **Last Name **Gates** The Regents of the University of **State** **State**	and agree to come or claims may substance specific instructions: California Bute: CA: Califon 04-5940	ply with any ject me to				

Add Attentiment

21. Attach an additional list of Project Congressional Districts if needed.

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANC	2. DATE SUB	MITTED	Applicant Identifier						
SF 424 (R&R)	0.318.41	EIVED BY STATE	State Application Identifier						
	S. DATE RED	LIVED BY STATE							
1. * TYPE OF SUBMISSION	4. Federal Ide	entifier							
Pre-application Application Changed/Corrected Application									
6. APPLICANT INFORMATION		* Organizational Di	JNS: 092530353						
* Legal Name: The Regents of the University of Cal	fornia	- Chample III ()	OCIVED						
Department: Ofc of Contract & Grant Admin	Division: U	UCLA UCT 0 2 2007							
* Street1: 11000 Kinross, Suite 102		ox 951406							
* City: Los Angeles	County:		STATE CITARING HOUSE						
Province:	* Country: JNIT	ED ST * ZIP / Postal Code: 900	95-1406						
Person to be contacted on matters involving this app									
Prefix; "First Name: "Last Name: Suffix: Ms. Maya Conn									
Ms. Maya			mail: mconn@resadmin.ucla.edu						
* Phone Number: 310-794-0155	Fax Number: 31	0-943-1658 <u> </u>	maii. Incum@resaumin.uda.edu						
6. • EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICANT:							
956006134		H; Public/State Controlled Institution of Higher Education							
8. TYPE OF APPLICATION: (2) New	•	Other (Specify):	Other (Specity): Small Business Organization Type						
Resubmission Renewal Continuation [Revision	Women Owned	Socially and Economically Disadvantaged						
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGE	NCY:						
A. Increase Award B. Decrease Award C	Increase Duration	Chicago Service Center							
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:							
Is this application being submitted to other agencie	s? Yes⊡ No.☑	B1.049							
What other Agencies?		TITLE: Office of Science Fina	ncial Assistance Program						
11. * DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:		Control to the Control of the Contro						
In situ STM and LEEM Studies of Graphene Thin Fil	m Synthesis		AND THE RESERVE THE PROPERTY OF THE PROPERTY O						
12. AREAS AFFECTED BY PROJECT (cities, coulos Angeles, CA, Toledo, OH, and Urbana	nties, states, etc.)								
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTR	CTS OF:						
"Start Date "Ending Date		a. * Applicant	b. • Project						
08/01/2008 07/31/2012		CA-030	CA-030						
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGA Prefix: * First Name:	FOR CONTACT INF Middle Name:		Name: Suffix:						
Prof. Suneel	Tanada Hamer	Kodan							
Position/Title: Assistant Professor	Organizații	on Name: The Regents of the Ur	niversity of California						
Department: Materials Sci & Engineering	Division:	UCLA	many representation of the state of the stat						
* Street1: 410 Westwood Plaza Street2: Engineering V Building									
* City: Los Angeles	* City: Los Angeles County: * State: CA: Califori								
Province:	* Country: JNIT	ED S1 * ZIP / Postal Code:	90095						
* Phone Number: 310-206-8174	Fax Number: 310	-206-7353 · E	mail: kodambaka@ucla.edu						

SF 424 ((R&R) appli	CA.JN FO	R FEDER	AL ASSIS	TANC	E		1				Page	<u> </u>
16. ESTIMATED	PROJECT FUNDING		•	17		APPLICATION : ER 12372 PRO			EVIEV	W BY ST	ATE EXEC	UTIVE	
a. * Total Estimated	d Project Funding	977,261.00	18.4% d./ m	a.	YES [THIS PREA	PPLIC	ATION/AF	PLIC	ATION V	VAS MADE	372	
s. * Total Federal &	Non-Federal Funds	977,261.00				PROCESS				001111	VIII		
	Estimated Program Income 0.00			-	DATE:	10/01/2007							
. Louinatos	y	V 1.2.2		b.	NO [PROGRAM	IS NO	T COVER	ED B	Y E.O. 1	2372; OR		
,						PROGRAM REVIEW	HAS I	NOT BEEN	N SEL	ECTED.	BY STATE	FOR	
resulting term criminal, civi	te and accurate to to the siff accept an await, or administrative	ard. I am awa penalties, (U.	re that any .S. Code, T	ý false, ficti Fitle 18, Sec	itious, ction 1	or fraudulent 001)	staten	nents or c	:laim:	s may su	ibject me t	to	ext.
* The list of certif	fications and assurances	, or an internet sit	le where you	mey obtain thi	is iist, is	contained in the a	nnounc	emont or ag	oncy &	pecific ins	lructions.		
19. Authorized R	27.40			_								060	11:
Prefix: * First	st Name;	···	Middle I	Name;			Conn	l Name:			11/2000	Suffix:	
* Position/Title:	(A)			rganization:	The F	Regents of the U		ity of Calif	nonia	.,,,,,	•		=
	Oic of Contract & Gra	at Admin		ision:			JIIIV 6. 6	ity or com	Jiii G	1	2000		
		V W 10-12-12-12-12-12-12-12-12-12-12-12-12-12-							,]			
<u> </u>	11000 Kinross, Suite			eet2: 	DOX :	951406		1 - 51-4	Γ <u>α</u> .	<u> </u>			
* City: Los Ange	eles		County:		<u> </u>			* State:		Californ			
Province:		water to be a second to the se	Country		.,,,	ZIP / Postal (_	90095-14					
* Phone Number:	310-784-0155		Fax Numbe	er: 310-943	1-1658		" E	mail: mo	conn@	②resadm	in.ucla.edu		
	Signature of Author	rized Represe	ntative					* Date	Sign	ned			
	Completed on submi	ssion to Grants	₃.gov			Co	omplet	ed on subr	nissic	n to Gra	nts.gov	T - 2-100-2-1-1-1-1	
20. Pre-applicati	on GrapheneWhite	paper-Kodamb	aka.pdf			-4	J - 150	ny aray i	Dele	te Atlact	mente Vic	w Attachm	
21. Attach an ad	ditional list of Proje	ct Congressi	onal Distric	cts if neede	ed.	_	-			- 2416			
Project Congressi	onal Districts.pdf			Delete Att	achme	it View/Attach	iment						

13. PROPOSED PROJECT: Start Date * Ending Date a. * Applicant b. Project 03/01/2008 02/28/2011 CA-030 CA-030 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: * First Name: Middle Name: * Last Name: Suffix: Dr. Chang Position/Title: Professor Organization Name: The Regents of the University of California Department: Chemical & Biomolecular Engine Division: 420 Westwood Plaza "Street1: Street2: 5531 Boelter Hall 159210 * City: Los Angeles County: * State: CA: Califori Province: JNITED ST * Country: * ZIP / Postal Code: 90095-1406 Phone Number: 310/206-7980 Fax Number: 310/206-4107 * Email: jpchang@ucla.edu

3F 4Z4	(KOK) APPLI	CATION FO	R FEDER	AL ASSIS	TANCE						raye 2
16. ESTIMATED	PROJECT FUNDING	(B)		17	order 12372 PRO			EVIEW	BY STAT	E EXECU	ITIVE
a. * Total Estimat	ed Project Funding	410,335.00		a.	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372						.72
b. * Total Federal	& Non-Federal Funds	410,335.00			PROCESS FOR REVIEW ON:						
c. * Estimated Program Income 0.00				D	ATE: 10/01/2007		8	J			
				b.	NO PROGRAM	I IS NO	T COVER	SED B.	Y E.O. 123	72; OR	
					PROGRAM REVIEW	HAS N	IOT BEE	N SEL	ECTED BY	STATE	FOR .
resulting te criminal, civ	ote and accurate to terms if I accept an awill, or administrative I agree Italications and assurances	ard. I am awa penalties. (U.	re that an	y false, ficti Fitle 18, Sec	tious, or fraudulent tion 1001)	statem	ents or	ciaims	may subj	ect me to	
19. Authorized	Representative										
	rst Name:		Middle	Name:		1	Name:				Suffix:
Ms. May	ya 				From to	Conn					
* Position/Title:	Grant Analyst		0	rganization;	The Regents of the I	Universi	ty of Calif	fornia			
Department:	Office of Contract & G	Frant Adm	Div	ision;	UCLA			 J			
* Street1:	11000 Kinross Ave		Stre	eet2:	Suite 102						
· City: Los Ang	geles	(County:	//			* State:	CA:	Califor		
Province:			* Country	: JNITED	S7 ZIP / Postal (Code: [90095-14	406			
* Phone Number	310/794-0155		Fax Numbe	er: 310/943	1658	• Eı	mail: m	conn@	resadmin.	ucla.edu	
•	Signature of Author	rized Represe	ntative				• Dat	e Şign	ed		
	Completed on submit	ssion to Grants	s,gov		C	omplete	d on sub	missio	n to Grants	.gov	
20. Pre-applica	tion					dd Altac	hment.	(4:-)	e Alle F	/m ₁ vi //	v = ;pr
21. Attach an a	dditional list of Proje	ct Congression	onal Distri	cts if neede	d.						
		Add Att	achment	State of t	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	117 J. 117					

OMB Number: 4040-0001

Application for	or Federal Assistan	ce SF-424	Vers	ion 02
16. Congression:	al Districts Of:			
a. Applicant	12		b. Program/Project CA-ALL	
Altach an eddilion	nal list of Pragrem/Projec(Congressional Districts if nee	seeded.	
!		Add Attachment		
17. Proposed Pr	ojact:			
*a. Start Date: [01/01/2008		7 b. End Date: 12/31/2008	
16. Estimated Fu	unding (\$):			
a. Federal		1,216,509.00		
* b. Applicant		0.00		
° c. State		1,216,509.00		
* d. Local	<u> </u>	0.00		
• a. Other		0.00		
≛f. Program Inco	ime [0.00		
₹g. TOTAL		2,433,018.00		
a. This applica b. Program is c. Program is c. Program is	ulon was made available to subject to E.O. 12372 but not covered by E.O. 12372	has not been selected by the	utive Order 12372 Process for review on 10/01/2007 . the State for review.	
21, *By signing t	his application, cartify	(1) to the statements conta	ntained in the list of certifications** and (2) that the statements edge. I also provide the required assurances** and agree to	
comply with any	resulting terms if I acc	ept an award. I am aware t	e that any false, fictitious, or fraudulent statements or claims .S. Code, Title 218, Section 1001)	
✓ "IAGREE				
** The list of certi specific instructio		or an internet site where you	ou may obtain this list, is contained in the announcement or agency	
Authorized Repr	resentative:			
Prefix:	Mr.	First Name:	Raffy	
Middle Name:			·	
Last Name:	Slepanian			
Suffix:				
* Title: Program	п Меледег			
* Telephone Numb	ber: 213-576-7019		Fax Number:	
*Email: RST@	gcpuc,ca.gov]
" Signature of Aut	horized Representative:	Completed by Grants.gov upon sub	Submission. Date Signed: Completed by Grants.gov upon submission.	

Application for	Application for Federal Assistance SF-424 Version 02							
1. Type of Submiss	ion:	* 2. Type of Application:	• If Revision	select appropris	ate letter(#):			
] Preapplication		☑ New	[<u></u>					
Application		[]] Cantinuetian	Other (Spe	clfy)		_		
Changed/Correcte	d Application	Revision						
3. Date Received:		4. Applicant Identifier:						
Completed by Grants.gov	upon submission.							
5a. Federal Entity Ide	ntifler:		* 5b. Fed	eral Award Idan	üfier:			
			<u> </u>					
State Use Only:	_					The stage and the first of the stage of the	1	
6. Date Received by	State:	7. State Application	n Identifier:			RECEIVED		
B. APPLICANT INFO	RMATION:					nct - 2 2007		
s, Legal Name: CA	LIFORNIA PUBLI	C UTILITIES COMMISSION						
* b. Employer/Taxpay	er Ideniification N	umber (EIN/TIN):	⁺ c. Orge	nizational DUN	\$:	STATE CLEARING HOUSE		
94-3031353			94739392	22				
d. Address:								
* Street1:	505 Van Ness Av	re.						
Street2:								
City:	San Francisco	,						
County:	San Francisco							
* State:	4.50		(CA: California				
Province;								
* Country:		L.	J\$A; UNITE	D STATES				
" Zip / Postal Code:	94102							
e. Organizational Ur	nit:							
Department Name:			Division N	Vame:				
CALIFORNIA PUBLIC	UTILITIES CO		Сопвите	r Prolection&S	afety DIv			
f. Name and contact	information of p	person to be contacted on n	natters invo	olving this app	lication:			
Prefix: Mr.		* First Nam	e: Sunli					
Middle Name:								
* Last Name: Shori								
Suffix:								
Title: Utilities Engine	A CONTRACTOR OF THE CONTRACTOR							
Organizational Affiliation	on:		-					
<u> </u>								
* Telephone Number:	415-703-2407			Fax Number:	415-703-1891			
Email: SKS@cpu	c.ca.gov							
			===					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
A: State Government	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
▼ 10. Name of Federal Agency:	
Pipeline &Hazardous Material Safety Administration	
In contract the second	
11. Catalog of Federal Domestic Assistance Number:	
20.700	
CFDA Title:	
Pipeline Safety	
* 12. Funding Opportunity Number:	
PHMSA-BASEGRANT-NATGASC	
* Title:	
PHMSA Pipeline Safety Program Base Grant (Natural Gas - Cartification)	
13. Competition identification Number;	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
ASS Department Title of Ass Useral Decision	
* 15. Descriptive Title of Applicant's Project:	
CALIFORNIA PUBLIC UTILITIES COMMISSION Pipeline Safety Program	
Attended	-
Attach supporting documents as specified in agency instructions.	
Add Alfachments Delete Attachments View Attachments	_

20.1)			
CONTRACTION OF						Version 7/0	
APPLICATION FOR			2. DATE SUBMIT	TED	Applicant Iden	tlfier	
1. TYPE OF SUBMI	SSION:	D	3. DATE RECEIVED BY STATE		State Application Identifier		
Application Construction		Pre-application Construction	4. DATE RECEIV	ED BY FEDERAL AGENCY	Federal Identif	ier/ Da	
☐ Non-Construction	□ Non-Construction □ Non-Construction				, castar lastim	STATE CLEAR	
5. APPLICANT INFO	ORMATIO	Ν		Organizational Unit:		1 Orr	
				Department:	/	04 20	
Woodville Public Util					/ (STATE CLE 2007	
Organizational DUN	S: 	8283	114116	Division:		LARING HO	
Address:			1700	Name and telephone r matters involving this	number of perso	on to be contacted on	
Street:				Prefix:		Name:	
16716 Avenue 168				Mr.	Denr		
City: Woodville				Middle Name: R.			
County:				Last Name:	4		
Tulare State:		Zip Code:		Keller Suffix:			
CA CA		93258-4567		Julia.			
Country:		ALCO COMPANIE		Email:			
USA 6. EMPLOYER IDEN	TIFICATIO	ON NUMBER (FIN):		kelweg1@aol.com Phone Number (give area	code) Fax N	Number (give area code)	
9 4 — 1 5	4 5 6			(559) 732-7938		732-7937	
8. TYPE OF APPLIC			**************************************	7. TYPE OF APPLICAN	7. TYPE OF APPLICANT: (See back of form for Application Types)		
	New 🔲	Continuation Revis	ion	G	. 1 35 42 9 20	,	
If Revision, enter app				Other (specify)			
(See back of form for	description	n of letters.)					
Other (specify)				9. NAME OF FEDERAL	AGENCY:	-	
10 04741 00 05 5	TDED #1 D	OUTED A COLOTANIO	LUMBER	Rural Development, CA,		TIO DEC ITOT	
10. CATALOG OF FE	EDERAL D	OMESTIC ASSISTANCE	1 0 - 7 6 C	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construct and operate sludge dewatering beds at the wastewater			
TITLE (Name of Prog	/			treatment and disposal fa			
Water and Waste Dis		and Grant Program OJECT (Cities, Counties,	States etc.):	_			
Community of Woody		OULUT (Onles, Oburnes,	Glales, etc.j.				
13. PROPOSED PRO	JECT			14. CONGRESSIONAL I			
Start Date: June 2008	y.	Ending Date: November 2008		a. Applicant	b. Pro 21	ject	
15. ESTIMATED FUN	IDING:	Treveringer Zeec		16. IS APPLICATION SU	JBJECT TO REV	IEW BY STATE	
a. Federal	\$		00	EXECUTIVE ORDER 12:		PLICATION WAS MADE	
b. Applicant	\$		426,000 .00	AVAILABLE	TO THE STATE	EXECUTIVE ORDER	
c. State			99,000	DATE: Assess	DESS FOR REVIE ust 7, 2001		
d. Local	\$.00.			, D BY E. O. 12372	
e. Other	\$		00.			EN SELECTED BY	
f. Program Income	\$		00.	STATE FOR		N ANY FEDERAL DEBT?	
			20 F200		DEEII4660EI41 O	N ANT FEDERAL DEDI:	
g. TOTAL	\$		525,000 .00	Tes, ii res atlacti at		⊠ No.	
THE DOCUMENT HAS WITH THE ATTACHE	S BEEN D D ASSUR		HE GOVERNING B	APPLICATION/PREAPPLIC ODY OF THE APPLICANT /			
a. Authorized Represe Prefix		mo		Middle Name	A Marketine		
Mr.	First Na Ralph	me		Middle Name			
Last Name	,			Suffix		A stages	
Gutierrez b. Title		44.00	Ned	c. Telephone Number (give	eren node)		
Manager				(559) 686-9649	: area coue)		
d. Signature of Authori	zed Repres	sentative		e. Date Signed	-07		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

8-6-07

PART I - FACE SHEET

APPLICATION FOR FE	DERAL ASSISTAN	ICE	1. TYPE OF SUBMISSION:		
Modified Standard Form 424 (Rev.02/07 to co	nfirm to the Corporalien's oGrants Sy	stom)	Application X Non-Construction		
20, DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:		
10/04/07	1 11 1 1 1 1 1 1 1 1	•			
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERA	I, AGENCY:	FEDERAL IDENTIFIER;		
08SC081767	10/04/07				
5. APPLICATION INFORMATION	no.' 1. 1. 1 10 11 101 a. 1				
LEGAL NAME: Seniors Council Santa Cruz/Sa	an Henito	PERSON TO B	ONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give		
DUNS NUMBER: 140698080		area codes):	2.7 (
ADDRESS (give atreet address, city, state, zip 234 Santa Cruz Ave Aptos CA 95003 - 4438 County: Santa Cruz	code and county):	TELEPHONE N	NAME: Thomas Q. Reefe TELEPHONE NUMBER: 831-475-0816 x.16 FAX NUMBER: 831-888-1225 INTERNET CMAIL ADDRESS: Lisco@cruzio.com		
6. EMPLOYER IDENTIFICATION NUMBER (E 942662950		7. TYPE OF AF	PPLICANT:		
8. TYPE OF APPLICATION (Check appropriate	a box),	,	I SEIVED		
CONTINUATION AMEND If Amendment, enter appropriate letter(s) in both A. AUGMENTATION II. BUDGET REV	K(ea):		PECEIVED OCT - 4 2007 STATE CLEARING HOUSE		
C. NO COST EXTENSION D. OTHER (Spec	ify below):	!			
			EDERAL ACENCY: tion for National and Community Service		
			•		
10a. CATALOG OF FEDERAL DOMESTIC AS	SISTANCE NUMBER: 94.016		TIVE TITLE OF APPLICANT'S PROJECT:		
10b. TiTLE: Senior Companion Program		Tri-County	SCP		
12. AREAS AFFECTED BY PROJECT (List Ci	lies, Counties, States, ofc):	11.b. CNCS PF	ROGRAM INITIATIVE (IF ANY):		
The Tri-County Foster Grandparent/Senior operates in Monterey, Santa Cruz, and San Area of the central Chilifornia coast, its Sen	Banito Counties in the Mentercy Bay				
13. PROPOSED PROJECT: START DATE: 01	/01/08 END DATE: 12/31/10	14. CONGRES	SIONAL DISTRICT OF: a.Applicant CA 17 b.Program CA 17		
15. ESTIMATED FUNDING: Year #: 1		16. IS APPLICA ORDER 12372	ATION SUBJECT TO REVIEW BY STATE EXECUTIVE		
a. FEDERAL	\$ 35,038.00	.	PREAPPLICATION/APPLICATION WAS MADE AVAILABLE		
b. APPLICANT	\$ 70,552.00	TOT	HE STATE EXECUTIVE ORDER 12372 PROCESS FOR EW ON:		
c. STATE	\$ 55,052.00	DATI	E: 15-OCT-07		
d. LOCAL	\$ 14,700.00		GRAM IS NOT COVERED BY E.O. 123/2		
o, OTHER	\$ 0.00		PLICANT DELINQUENT ON ANY PEDERAL DEGT? YES IF "Yes," attach an explanation. [X] NO		
I. PROGRAM INCOME	\$ 0.00	L.,I	1 1 12		
g. TOTAL	\$ 105,590.00				
18. TO THE BEST OF MY KNOWLEDGE AND	BELIEF, ALL DATA IN THIS APPLIC	CATION/PREAPPLIC APPLICAN'T WILL	CATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE		
a. TYPED NAME OF AUTHORIZED REPRESE	ENTATIVE: b. TITLE;		c. TELEPHONE NUMBER:		
Thomas Q. Roofo	Program Direc	tor	831-475-0816 x.16		
d. SICNATURE OF AUTHORIZED REPRESE	NTATIVE:		p, DATE SIGNED: 10/02/07		
A A 42 - A 42 - A	-		6.0		

PART I - FACE SHEET

APPLICATION FOR FEI	DERAL ASSISTANC	E	1. TYPE OF SUBMISSION:		
Modified Slandard Form 424 (Rev.02/07 to con			Application X Non-Construction		
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:		DENTIFICR:	
10/04/07					
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERAL A	GENCY:	SENCY: FEDERAL IDENTIFIER:		
OASFOB1463					
5. APPLICATION INFORMATION		,			
LEGAL NAME: Seniors Council Santa Cruz/San	n Benito			OR PROJECT DIRECTOR OR OTHER ERS INVOLVING THIS APPLICATION (give	
DUNS NUMBER: 140698080		NAME: Thomas	C). Recia		
ADDRESS (give street address, city, state, zip of 234 Santa Cruz Avo Aptos CA 95003 - 4430 County: Santa Cruz	ode and county):	TELEPHONE NUMBER: 831-475-0816 x.16 FAX NUMBER: 831-688-1225 INTERNET E-MAIL ADDRESS; Lsco@cruzio.com			
6. EMPLOYER IDENTIFICATION NUMBER (ER 942662950	N);	7. TYPE OF APP 7a. Nun-Profit	'LICANÌ':		
8. TYPE OF APPLICATION (Check appropriate	DOX). EVIOUS GRANTE	7b. Gümmunity-l	Sassed Organization	RECEIVED	
CONTINUATION AMENDM	[OCT - 4 2007	
A. AUGMENTATION B. BUDGET REVI	SION	<u> </u> 		STATE CLEARING HOUSE	
C. NO COST EXTENSION D. OTHER (specif	, ao am		DERAL AGENCY:	d Community Service	
10a. CATALOG OF FEDERAL DOMESTIC ASS 10b. TITLE: Foster Grandparent Program	STANCE NUMBER:94.011	11.a. DESCRIPT	IVE TITLE OF APPLICAN	T'S PROJECT:	
	- According to the control of the co	11.b. CNCS PROGRAM INITIATIVE (IF ANY):			
 AREAS AFFECTED BY PROJECT (List Citis Montoray County: Sellnes, Monterey, Castro King City, Sente Cruz County: Boulder Creek, Sente C 	ville, Gonzales,Soledad, Creenfield, ruz, Live Oak, Soquel, Aptús, Watsonv				
13. PROPOSED PROJECT: START DATE: 01/0		14. CONGRESSI	ONAL DISTRICT OF: a.A	pplicant CA 17 b.Program CA 17	
15. ESTIMATED FUNDING: Your #: 1		16. IS APPLICAT ORDER 12372 PI		W BY STATE EXECUTIVE	
a. FEDERAL	\$ 583,105.00	X YES. THIS F	PREAPPLICATION/APPLIC	CATION WAS MADE AVAILABLE DER 12372 PROCESS FOR	
b. APPLICANT	\$ 176,205.00 \$ 0.00	DATE:			
d. LOCAL	\$ 176,205.00	NO. PROCE	CAM IS NOT COVERED B	=	
e. OTHER	\$ 0.00		ICANT DELINQUENT ON		
I. FROGRAM INCOME	5 0.00	; ; i	·· · · · · · · · · · · · · · · · · ·	,1	
g. TOTAL 18. TO THE BEST OF MY KNOWLEDGE AND I DULY AUTHORIZED BY THE GOVERNING BO IS AWARDED.	\$ 759,310,00 BELIEF, ALL DATA IN THIS APPLICAT DY OF THE APPLICANT AND THE AP	ION/PREAPPLICA PLICANT WILL CO	TION ARE TRUE AND CO	DRRECT, THE DOCUMENT HAS BEEN THED ASSURANCES IF THE ASSISTANCE	
a. TYPED NAME OF AUTHORIZED REPRESEITHOMAS Q. Reale	NTATIVE: b. TITLE: Program Director		 	TELEPHONE NUMBER: B31-475-0816 x.16	
d. SIGNATURE OF AUTHORIZED REPRESEN	- Rufa			. DA'I'E SIGNED: 09/21/07	

Application for	Federal Assis	tance	SF-424			Version 02
* 1. Type of Submiss	ion:	* 2. Typ	oe of Application:	If Revision, select appropriate letter(s):		
Preapplication		√ New	,			
Application		_ ☐ Con	tinuation	· Other (Specify)		
Changed/Correcte	ed Application	∏ Rev	ision			
* 3. Date Received:		4. Appl	icant Identifier:			
Completed by Grants.gov	upon submission.					
5a. Federal Entity Ide	entifier:			* 5b. Federal Award Identific	er:	
State Use Only:						
6. Date Received by	State: //		7. State Application	Identifier:		Production of the Second II and the Second III
8. APPLICANT INFO	RMATION:					RECEIVED
* a. Legal Name: Th	e Regents of the	Universit	y of Calif, Santa Cruz	Campus		OCT - 5 2007
* b. Employer/Taxpay	er Identification N	umber (E	IN/TIN):	* c. Organizational DUNS:		
94-1539563				125084723		STATE CLEARING HOUSE
d. Address:						
* Street1:	Office of Sponso	red Proje	cts, 1156 High Stree			
Street2:	MailStop: Ocean	Science		A-		
* City:	Santa Cruz					
County:	Santa Cruz					
* State:				CA: California		A
Province:						
* Country:			· ·	JSA: UNITED STATES		
* Zip / Postal Code:	95064					
e. Organizational U	Init:				•	
Department Name:				Division Name:		
f. Name and contac	t information of	person 1	to be contacted on	matters involving this appli	cation:	
Prefix: Dr.			* First Nam	e: David		
Middle Name:						
* Last Name: Jessup						
Suffix: .						
Title:						
Organizational Affiliat	tion:					
* Telephone Number:	031-469-1726			Fax Number:	331-469-1723	
* Email: djessup@	ospr.dfg.ca.gov					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	_
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Federal Domestic Assistance Number:	
11.439	
CFDA Title:	
Marine Mammal Data Program	
* 12. Funding Opportunity Number:	
NMFS-PRPO-2008-2001036	
* Title:	
FY 08 John H. Prescott Marine Mammal Rescue Assistance Grant Program	
13. Competition Identification Number:	
2076822	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
	1
* 15. Dascriptive Title of Applicant's Project:	
Marine Mammal Pathology Service for the Central California Coast	
,	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	for Federal Assista	nce SF-424				Version 02
16. Congressio	nal Districts Of:				?	
* a. Applicant	CA-17		* b, Pr	rogram/Project	CA-17	
Attach an addition	onal list of Program/Projec	t Congressional Districts if	needed.			
		Add Attachment				
17. Proposed P	roject:					
* a. Start Date:	07/01/2008			* b. End Date:	06/30/2009	
18. Estimated F	funding (\$):			-		
a. Federal	10.50	100,000.00				
* b. Applicant		34,212.00				
° c. State		0.00				
* d. Local		0.00				
▼ e. Other		0.00				
* f. Program Inc	ome	0.00				
* g. TOTAL		134,212.00				
21. *By signing herein are true, comply with an may subject me	this application, I certify, complete and accurate by resulting terms if i accepto to criminal, civil, or additional accurate to criminal, civil, or additifications and assurances.	to the best of my knowle cept an award. I am awar miniatrative penaities. (U	ntained in the list of ca idge. I also provide the e thet any false, fictitle .S. Code, Title 218, Se	ertifications as a required assous, or fraudulection 1001)	and (2) that the statements urances and agree to lent statements or claims he announcement or agency	
Authorized Rep	resentative:					
Prefix:	Ms.	* First Name	Cindy			
Middle Name:						
* Last Name:	Plasman					
Suffix:		J				
* Tille: Contra	ct and Grant Officer					
* Telephone Num	ber: 831-459-2520		Fax Number	r: 831-459-535	53	
- Email: cplas	man@ucsc.edu					
Signature of Au	thorized Representative:	Completed by Grants.gov upon :	submission. Date Sig	ned: Completer	by Grants.gov upon submission.	

Application	for Federal As	ssistance SF-42	24			***	Version 02
16. Congressio	onal Districts Of:						-
* a. Applicant	17		3		. * b. Program	/Project 17	
Attach an additi	onal list of Progran	n/Project Congressio	onal Districts if n	eeded.			
		Add Atta	ichment .				
17. Proposed P	Project:						Ŧ
'a. Start Date:	07/01/2006				* b. E	nd Date: 06/30/2009	
18. Estimated I	Funding (\$):						
' a. Federal			99,106.00			Security Security Sections and advantage of the security security of the security section of the	
* b. Applicant			33,036.00			RECEIVED	j.
' c. State		H ×	0.00			1	*
' d. Local	,	-	0.00			OCT - 5 2007	
e, Other	And the state of t		0.00			STATE CLEARING HOUSE	(4
* f. Program Inc	come		0.00			STATE CLEANING HOUSE	
g. TOTAL			132,142.00				
* 20. Is the App Yes 21. *By signing herein are true comply with armay aubject m	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may aubject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) —— AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency						
Authorized Rep	presentative:					*	741
Prefix:			* First Name:	Sharon			
Middle Name:	L.	and the second s				Profiled lines of the second decrease	
	Cotlum		J. PHILIPPIN MARKET			- Allerina de la constitución de	
Suffix:			on the first fact the management of the same			And the state of t	
* Title: Contra	et and Grants Offic	er	of allelane, unknowned, and it is a second or as to decide on all or			3	
· Telephone Nun	nber: (831) 459-13	378	and the state of t		Fax Number: (83	1) 459-5353	
' Email: slcol	ium@ucsc.edu						41-7-1
' Signature of Au	ithorized Represen	tative: Completed by	y Grants.gov upon su	bmission.	* Date Signed:	Completed by Grants.gov upon submission.	

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/Stata Controlled Institution of Higher Education	
Type of Applicant 2: Salect Applicant Type:	- 1 - Capel - Cape - Capel - C
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
National Oceanic and Atmospheric Administration	
11. Catalog of Faderal Domestic Assistance Number:	naga ²
11.439	
CFDA Title:	
Marine Mammal Data Program	
* 12. Funding Opportunity Number:	
NMFS-PRPO-2008-2001036	
' Title:	1
FY 08 John H. Prescott Marine Mammat Rescue Assistance Grant Program	
13. Competition Identification Number:	
2076822	
Tille:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Continued Prescott Program Enhancement of Stranding Reponse at University of california Santa Cruz Long Marine Lab	
	i i
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	26

No. 1638 P. 2 OMB Number: 4040-0004

Application for Federal Assistan	Application for Federal Assistance SF-424 Version 02							
*1. Type of Submission:	*2. Type of Application	on * If Revision, select appropri	ate letter(s)					
☐ Preapplication	⊠ New							
Application	Continuation	*Other (Specify)						
☐ Changed/Corrected Application	Revision		RECEIVED					
3. Date Received: 4.	Applicant Identifier:		OCT - 9 2007					
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: STATE CLEARING HOUSE						
State Use Only:								
6. Date Received by State:	7. State Ap	plication Identifier:						
8. APPLICANT INFORMATION:								
*a. Legal Name: Committee for a Bet	ter Arvin							
*b. Employer/Taxpayer Identification N	Number (EIN/TIN):	*c. Organizational DUNS:						
d. Address:								
"Street 1: 1401 Chico	Court							
Street 2:								
*City: <u>Arvin</u>								
County:								
*State: <u>CA</u>								
Province:								
*Country: <u>USA</u>								
*Zìp / Postal Code <u>93203</u>								
e. Organizational Unit:								
Department Name:		Division Name:						
US Environmental Protection Agency		Superfund						
f. Name and contact information of	-		plication:					
Prefix:	*First Name: §	Salvador						
Middle Name:								
*Last Name: <u>Partida</u> Suffix:		•						
Title: Chairperson	-							
Organizational Affiliation:	<u>.</u>							
*Telephone Number: (661) 854-3000		Fax Number:						
*Email: spartida1@bak.rr.com								

No. 1638 P. 3

Application for Federal Assistance SF-424	Version 02
*9. Type of Applicant 1: Select Applicant Type:	
N.Nonprofit w/o 501C3 IRS Status(Oth Than High Edu	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
*Other (Specify)	
*10 Name of Federal Agency:	
U.S. Environmental Protection Agency	
11. Catalog of Federal Domestic Assistance Number:	
<u>66.806</u>	
CFDA Title:	
Superfund Technical Assistance Grants	
	, max
*12 Funding Opportunity Number:	
TBA	
*Title:	
· · · · · · · · · · · · · · · · · · ·	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Arvin, CA	
*15. Descriptive Title of Applicant's Project:	
Technical Assistance for Brown & Bryant Superfund Site	

No. 1638 P. 4

Application for	r Federal Assistance SF-42	Version 02
16. Congression	nal Districts Of:	
*a. Applicant: CA	A-020	*b. Program/Project: CA-020
17. Proposed P	roject:	· · · · · · · · · · · · · · · · · · ·
*a. Start Date: 3/	/1/08	*b. End Date: 3/1/11
18. Estimated Fi	unding (\$):	
*a. Federal	50,000	·
*b. Applicant	12,500	
*c. State		•
*d Local		
*e. Other		
*f. Program`inco	* .	
*g. TOTAL	62,500	
a. This applie	cation was made available to th	e Under Executive Order 12372 Process? e State under the Executive Order 12372 Process for review on 10/9/07. not been selected by the State for review.
*20. Is the Appl	icant Delinquent On Any Fedo	eral Debt? (If "Yes", provide explanation.)
herein are true, o with any resulting	complete and accurate to the beg terms if I accept an award. I a	e statements contained in the list of certifications** and (2) that the statements st of my knowledge. I also provide the required assurances** and agree to comply m aware that any false, fictitious, or fraudulent statements or claims may subject (U. S. Code, Title 218, Section 1001)
		internet site where you may obtain this list, is contained in the announcement or
Authorized Rep	resentative:	
Prefix:		*First Name: Salvador
Middle Name:		- · · · · · · · · · · · · · · · · · · ·
*Last Name:	Partida	
Suffix:		
*Title: Chairpers	on	
*Telephone Num	ber: (661) 854-3000	Fax Number:
*Email; spartida	1@bak.rr.com	
*Signature of Aut	thorized Representative:	*Date Signed: 9/28/07

APPLICATION FOR

FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED	÷	Applicant Identifie	er
1. TYPE OF SUBMISSION: Application	Preapplication	3. DATE RECEIVED BY	STATE	State Application	Identifier
Construction Non-Construction	Construction Non-Construction	4. DATE RECEIVED BY	Y FEDERAL AGENCY Federal Identifie		
5. APPLICANT INFORMATION Legal Name:	V		Organizational Unit:		
City of Lindsay			n/a		
Address (give city, county, Stat	e, and zip code):		1		to be contacted on matters involving
P.O. Box 369			this application (give a	rea code)	
Lindsay, CA 93247			Scot B. Towns	send 559-56	62-7103
6. EMPLOYER IDENTIFICATION 9 4 - 6 0 0			7. TYPE OF APPLICA	ANT: (enter approp	C
8. TYPE OF APPLICATION:			B. County		Institution of Higher Learning
✓ Ne	w Continuation	Revision	C. Municipal	J. Private Univers	
_			D. Township	K. Indian Tribe	
If Revision, enter appropriate le	tter(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual	ntinn
A. Increase Award B. De	crease Award C. Increase	Duration	G. Special District	M. Profit OrganizaN. Other (Specify)	
	r(specify):	Duration	O. Opcolar District	11. Other (openity)	/
			9. NAME OF FEDERA	AL AGENCY:	
			USDA		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE NL	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICAN	NT'S PROJECT:
		10 _ 76 6	Street Repairs		
 TITLE:					RECEIVED
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sta	tes. etc.):	1		The Man I to the
Lindsay, Tulare County,					OCT - 9 2007
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			STATE CLEARING HOUSE
Start Date Ending Date 3/1/08 9/1/09	a. Applicant		b. Project	21	CONTRACTOR
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR		VIEW BY STATE EXECUTIVE
a. Federal USDA	\$.00	OKEEK 1207211	.002001	
AGGO	3	,000,000	a, YES. THIS PREA	PPLICATION/APP	LICATION WAS MADE
b. Applicant	\$.00		TO THE STATE E FOR REVIEW ON:	EXECUTIVE ORDER 12372
c. State C.I.W.M.B.	\$	225,000	DATE	09/18/07	
d. Local	\$.00	b. No. PROGRA	MIS NOT COVER	ED BY E O 123 7 2
e. Other	\$.00		RAM HAS NOT B	EEN SELECTED BY STATE
f. Program Income	\$.00	47 IS THE ADDITION	T DELINOUENT O	ON ANY FEDERAL DEBT?
g. TOTAL	\$,225,000	Yes If "Yes," a		
18. TO THE BEST OF MY KNO	<u> </u>				
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GOV	VERNING BODY OF THE			6
a. Type Name of Authorized Rep		b. Title		c. Telephone Num	
Scot B. Tøwnsend		City Manager		(559) 562-710	3
d. Signature of Authorized Repre				e. Date Signed	9/18/07
Provious Edition Usable	Mnn			Ctandor	rd Form 424 (Rev. 7-97)

Previous Edition Usable

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Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

							OMB Approval No. 0348-0043
APPLICATION		×		2. DATE SUBMITTED 9/27/07		A	Applicant Identifier
FFDERAL ASSI	STANC	E		712/10/			
1. TYPE OF SUBMISSION	ON:	Preapplication		3. DATE RECEIVED BY	Y STATE	S	state Application Identifier
☐ Construction ☑ Non-Construction		☐ Construction ☐ Non-Construction					
11011-Collan action		Li Mon-Consti detton	1	4. DATE RECEIVED BY	Y FEDERAL A	GENCY F	Federal Identifier
5. APPLICANT INFORM	MATION			D 2111		1021.	
Legal Name Los Angeles County	y Metropol	litan Transportation	Authority	Organizational Unit: Programming	& Policy A	Analysis	
Address (give city, state, a	ınd zip code):	ı;					acted on matters involving this application (give
One Gatewa	ay Plaza			** / D. 1			
Los Angeles	, Califor	rnia 90012-2952		Kathy Banh (213) 922-7635	5		
6. EMPLOYER IDENTI 95 - 440 1		NUMBER (EIN):		7. TYPE OF APPLICAN	NT: (enter appr	opriate letter in	n box) N
8. TYPE OF APPLICAT					Independent Sc		
□ New □ Co	ntinuation [⊠ Revision – C Increa	se Duration	C Municipal J D Township K	Private Univer Indian Tribe		f Higher Learning
If Revision, enter approp	oriate letter(s	No.		E Interstate L F Intermunicipal M G Special District N			
A Increase Award D Decrease Duration	B Decrease A Other (spec		uration	State Chartered	d Transit l		
				9. NAME OF FEDERAL Federal Trans		stration	
10. CATALOG OF FEDI		AESTIC		11. DESCRIPTIVE TIT	LE OF APPLI	CANTS PROJ	JECT:
ASSISTANCE NUMB TITLE 49 U.S.		6		Los Angeles Cour	nty JARC, (CA-37-X05	i7-01
12. AREAS AFFECTED	BY PROJE	CT (cities, counties, stat	tes, etc.)	-			
County of Lo	os Angel	les, CA					
13. PROPOSED PROJEC	CT	14. CONGRESSIONA	L DISTRICTS OF				
Start Date		Ending Date	a. Applicant		b.	. Project	
7/31/04		9/30/08	Districts 24 th	rough 39, and 41		Same as	Applicant
			TO A POLICA TIL	or mo privile		ar arimirus	
a Federal	S S	.00					ORDER 12272 PROCESS? AILABLE TO THE STATE EXECUTIVE
a rederat	3	.00	and the second s	2372 PROCESS FOR REV		S MADE AV	ALLABLE TO THE STATE EXECUTIVE
			DATE 0/	10 = 10 =			
			DATE <u>9/2</u>	27/07			
			b NO PRO	ROGRAM IS NOT COVER	RED BY E O 12	2372	
							FOR REVIEW CEIVED
-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PROGRAM HAS NOT BE	EEN SELECTE	ED BY STATE	HOR REVIEW
b Applicant	\$.00					L L L L L L L L L L L L L L L L L L L
c State	\$.00					
d Local	\$						OCT - 9 2007
e Other	\$.00	12 TO THE ADDITION	C - SITE POLITICALIENTE ON	'NIS' DEDEDA	- PEDTO	
f Program Income	\$.00	_	CANT DELINQUENT ON . Yes" attach an explanation	ANY FEDERA	AL DEBT?	STATE CLEARING HOUSE
g TOTAL	\$	0.00					
				PREAPPLICATION ARE TRUI E ATTACHED ASSURANCES			IMENT HAS BEEN DULY AUTHORIZED BY THE IRDED
a Typed Name of Authori	ized Represe	entative		_	b Title		c Telephone number
GLADYS LOWE		_		_		gram Managen	(213) 922-2459
d. Signature of Authorize	d Representa	ative			e. Date Signed	7/07	

				6'	11-11-00-00-00-	OMB Approval No. 0348-0
APPLICATION				2. DATE SUBMITTED 9/27/07		Applicant Identifier
FEDERAL ASSI		CE		3121101		
. TYPE OF SUBMISSI Application ☐ Construction ☑ Non-Construction	ION:	Preapplication ☐ Construction ☐ Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier
. APPLICANT INFOR	MATION			4. DATE RECEIVED BY FEDERA	L AGENCY	Federal Identifier
Legal Name	MATION		<u> </u>	Organizational Unit:		A CASA SEE NEW YORK ON THE PROPERTY OF THE
Los Angeles Count	y Metropo	olitan Transportation A	uthority	Programming & Police	y Analysis	ÿ
Address (give city, state, a	and zip code	2):		Name and telephone number of the area code)	person to be cor	ntacted on matters involving this application (gi
One Gatewa	ay Plaza	1				
		rnia 90012-2952		Kathy Banh (213) 922-7635		
The state of the s				(213) 722 7033		
95 - 44 0 1		N NUMBER (EIN):		7. TYPE OF APPLICANT: (enter of	appropriate lette	r in box) N
. TYPE OF APPLICAT				A State H Independer	t School Dist.	
	ontinuation	Revision - A (Increasers) in box(es):	e of Award)	B County 1 State Contr C Municipal J Private Un D Township K Indian Tri E Interstate L Individual F Intermunicipal M Profit G	olled Institution niversity be f rganization	of Higher Learning
A Increase Award D Decrease Duration	B Decrease		ation	G Special District N Other (S		
D Decrease Duration	Other (spe	ecijy)		State Chartered Trans 9. NAME OF FEDERAL AGENCY		
				Federal Transit Adm		
0. CATALOG OF FED		MESTIC		11. DESCRIPTIVE TITLE OF AP	#20100C 302 HarrOVS-01-20	
TITLE 49 U.S.		16		Long Beach Transit JAR	C, CA-37-X(RECEIVED
2. AREAS AFFECTED	BY PROJ	ECT (cities, counties, states,	, etc.)	-		OCT - 9 2007
County of L	os Ange	eles, CA				STATE CLEARING HOUSE
3. PROPOSED PROJE	CT	14. CONGRESSIONAL	DISTRICTS OF			STATE CLEANING HOUSE
Start Date			. Applicant		b. Project	
7/1/07		6/30/09	Districts 24 th	rough 20 and 41	Come	a Amaliaant
7/1/07		0/30/09	Districts 24 till	rough 39, and 41	Same a	s Applicant
					40.5	
5. ESTIMATED FUND Federal	\$	175,219.00	a YES THIS P	N SUBJECT TO REVIEW BY STAT REAPPLICATION APPLICATION 1372 PROCESS FOR REVIEW ON		E ORDER 12272 PROCESS? VAILABLE TO THE STATE EXECUTIVE
			DATE _ 9/2	27/07		
			ь no 🗆 pr	OGRAM IS NOT COVERED BY E	0 12372	
			Пов	PROGRAM HAS NOT BEEN SELE	CTED RV STAT	TE FOR REVIEW
Applicant	\$.00		ROGRAM HAS NOT BEEN SELE	CIED DI SIA	IETOK KETIETI
State	\$.00				
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Other	\$.00		4		
Program Income	\$.00	_	EANT DELINQUENT ON ANY FED		
TOTAL	s	350,438.00			**************************************	
				REAPPLICATION ARE TRUE AND CORE		CUMENT HAS BEEN DULY AUTHORIZED BY THE VARDED
	N-0002					
/m 1 m				h Title		a Talanhana numbar

a Typed Name of Authorized Representative

GLADYS LOWE

Director

(213) 922-2459

d. Signature of Authorized Representative

Regional Program Management e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBI 10/10/2007	MITTED	Applicant Identifier Richman - 20080371
SF 424 (R&R)	3, DATE REC	EIVED BY STATE	State Application Identifier
1. TYPE OF SUBMISSION	4. Federal Ide		
Pre-application		R08-01-Renewal	
5. APPLICANT INFORMATION	2988327-	* Organizational DI	UNS: 094878394
* Legal Name: The Regents of the University of Californ	nia		
Department: Physics Department	Division:		
Street1: 3019 Broida Hall	Street2:		
* Clty: Santa Barbara Cou	inty:		State: CA: Californ
Province:	* Country: JNITE	ED ST ZIP / Postal Code: 931	06-9530
Person to be contacted on matters involving this applicat	tion		
Prefix: * First Name:	Middle Name:		Name: Suffix:
Мв. Сага	The same of the sa		Williams
Phone Number: 805/893-8809	e Vamoe: 805	5/893-2611 E	mall; proposals@research.ucsb.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN)	0 2007	7, " TYPE OF APPLICANT:	
95-6006145W	U 2001	H; Public/State C	ontrolled Institution of Higher Education
B. TYPE OF APPLICATION: NEW ATE CLEAR	RING HOUSE	Other (Specify):	
Resubmission Renewal Continuation F	The second secon	Small Women Owned	Business Organization Type Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGEN	ICY:
[] A, Increase Award] B, Decrease Award C. Inc	rease Duration	Chicago Service Center	
D. Decrease Duration E. Olher (specify)		10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NUMBER:
is this application being submitted to other agencies?	Yes No V	B1.049	
MAIL A LILLY A CONTRACTOR OF THE CONTRACTOR OF T		/**** ******************************	ngigl Appietance Dyngrom
What other Agencies?		TITLE: Office of Science Finar	icial Assistance Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:	TITLE: Office of Science Final	ICIAI Assistance Fragram
	T:	TITLE: Office of Science Final	Assistance Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		TITLE: Office of Science Final	Assistance Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant		TITLE: Office of Science Final	ICIAI Assistance Program
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties U.S.A. 13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRIC	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date		14. CONGRESSIONAL DISTRIC	CTS OF:
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 04/01/2008 03/31/2011	s, states, etc.)	14. CONGRESSIONAL DISTRIC a. * Applicant 23rd	CTS OF:
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 04/01/2008 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	s, states, etc.)	14, CONGRESSIONAL DISTRIC a. * Applicant 23rd	CTS OF: b, - Project 23rd
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: First Name:	s, states, etc.)	14. CONGRESSIONAL DISTRIC a. * Applicant 23rd	CTS OF: b, * Project 23rd Name: Suffix:
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 04/01/2008 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: First Name:	s. states, etc.) R CONTACT INFO	14, CONGRESSIONAL DISTRIC a. * Applicant 23rd ORMATION * Last I	CTS OF: b. ^ Project 23rd Name: Suffix:
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: First Name: Dr. Jeffrey	s, states, etc.) R CONTACT INFO Middle Name; D.	14, CONGRESSIONAL DISTRIC a. * Applicant 23rd ORMATION * Last I	CTS OF: b. ^ Project 23rd Name: Suffix:
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 04/01/2008 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: First Name: Dr. Jeffrey Position/Title: Professor - 6/O	s, states, etc.) R CONTACT INFO Middle Name; D. * Organization	14, CONGRESSIONAL DISTRIC a. * Applicant 23rd ORMATION * Last I	CTS OF: b. ^ Project 23rd Name: Suffix:
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 04/01/2008 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: First Name: Dr. Jeffrey Position/Title: Professor - 6/O Department: Physics Department	R CONTACT INFO Middle Name: D. Division: Street2:	14. CONGRESSIONAL DISTRIC a. * Applicant 23rd ORMATION Last I Richman n Name: The Regents of the Uni	CTS OF: b, Project 23rd Name: Suffix: an
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT UCSB High Energy Group Grant 12. AREAS AFFECTED BY PROJECT (cities, counties, U.S.A. 13. PROPOSED PROJECT: Start Date Ending Date 04/01/2008 03/31/2011 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: First Name: Dr. Jeffrey Position/Title: Professor - 6/Q Department: Physics Department Street1: 3019 Broids Hall Counties	R CONTACT INFO Middle Name: D. Division: Street2:	14, CONGRESSIONAL DISTRICA. Applicant 23rd CRMATION Cast of Richms Cast of the United States Cast of the	CTS OF: b, - Project 23rd Name: Suffix: an

OMB Number; 4040-0001

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? 8. YES Z THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 7,580,726.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: 7,580,726.00 b. * Total Federal & Non-Federal Funds DATE: 10/10/2007 0.00 c, * Estimated Program Income PROGRAM IS NOT COVERED BY E.O. 12372; OR b. NO PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms If I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ブーlagree * The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative * First Name: Suffix: Prefix: * Last Name: Middle Name: Egan-Williams Ms. Cara * Position/Title: | Sponsored Projects Officer Organization: The Regents of the University of California Spansored Projects Division: Department: Street1; 3227 Cheadle Hall Street2: * City: Santa Barbara County: State: | CA: Celifori Province: Country: JNITED ST ZIP / Postal Code: 93106-9530 * Phone Number: |805/693-8809 Email: eganwilliams@research.ucsb.edu Fax Number: 805/893-2611 * Signature of Authorized Representative * Date Signed Completed on submission to Grants.gov Completed on submission to Grants, gov 10/10/07 20, Pre-application Add Attachment 30000 21. Attach an additional list of Project Congressional Districts if needed.

 $\{\sigma_{\alpha}^{\pm}\} \in \mathcal{N}_{\alpha}^{\alpha} = 1$

Add Altachment :

4552494 G.A.	2. DATE SUE	MITTED	03:16:10 Applica) p.m. 10-11-2007 n t Identifier	2
APPLICATION FOR FEDERAL ASSUSTAI	NCE 10/11/2007				
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Ap	pilcation Identifier	
1. * TYPE OF SUBMISSION	4 Fodosolid	lamálála a			
☐ Pre-application ☑ Application ☐ Changed/Corrected Application	4. Federal Id				
5. APPLICANT INFORMATION		* Organization	onal DUNS: 067	638957	
* Legal Name: General Atomics					
Department: Energy	Division:	Magnetic Fusion			
* Street1: 3550 General Atomics Court	Street2:				
* City: San Diego	County:		* State: C	A: Califor	
Province:	* Country: JNIT	ED S1 * ZIP / Postal Code	e: 92121-1122		
Person to be contacted on matters involving this	application				
Prefix: * First Name:	Middle Name:		* Last Name:	Suff	fix:
Ms. Ramona	-		Gompper		
* Phone Number: 858-455-3057	Fax Number: 85	8-455-3545	Email: rame	ona.gompper@gat.com	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN)):	7. TYPE OF APPLICA	NT:		
95-3735102		Q: For-Pi	rofit Organization (Other than Small Business)	
8. * TYPE OF APPLICATION: New		Other (Specify):			
Resubmission 🗸 Renewal 🗌 Continuation	n Revision	Women Owned	Small Business O	Irganization Type Socially and Economically Disa	dvantag
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:		
A. Increase Award B. Decrease Award	C. Increase Duration	Chicago Service Center			
D. Decrease Duration E. Other (specify):		10. CATALOG OF FEDE	RAL DOMESTIC	ASSISTANCE NUMBER:	
* Is this application being submitted to other ager	ncies? Yes No	81.049			
What other Agencies?		TITLE: Office of Science	ce Financial Assist	ance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S P	PO IECT:				
National Spherical Torus Experiment Research P				RECEIVE)
12. * AREAS AFFECTED BY PROJECT (cities,	acuation etaton eta)			I Lines V Israel V Israel I	1
San Diego, CA	counties, states, etc.)			OCT 1 1 2007	
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF:	OTATE OF EARING HOL	IICE
* Start Date * Ending Date		a. * Applicant	b.	STATE CLEARING HO	USE
03/01/2008 02/28/2011	•	CA-53	Č	A-53	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIG	GATOR CONTACT INF	ORMATION		-	
Prefix: * First Name:	Middle Name:		* Last Name:	Suffi	x ;
Dr. Robert			La Haye		
Position/Title: NSTX Project Manager	* Organizati				ــــــــــــــــــــــــــــــــــــــ
Department: Energy	Division:	Magnetic Fusion	on		
* Street1: 3550 General Atomics Court	Street2:				
* City: San Diego	County:		* State: C/	A: Califor	
			,	1	
Province:	* Country: JNIT	ED ST * ZIP / Postal C	ode: 92121-1122	2	

OMB Number: 4040-0001

10-11-2007 3 /3 **Page 2**

16. ESTIMATE	D PROJECT FUNDING			7. * IS APPLICATION : ORDER 12372 PRO		CT TO REVI	EW BY ST	ATE EXEC	UTIVE	
	ited Project Funding	1,305,003.00 1,305,003.00 0.00		PROCESS DATE: 10/11/2007 . NO PROGRAM	FOR RE	E STATE EX EVIEW ON:	BY E.O. 12	ORDER 12 2372; OR	372	
true, comp resulting te criminal, ci	this application, I certilete and accurate to the series of I accept an awaivil, or administrative **Tagree**: Agree**: The series of the ser	he best of my kno ard. I am aware th penalties. (U.S. C	owledge. I also nat any false, fic Code, Title 18, S	provide the required a litious, or fraudulent s ection 1001)	assuran stateme	ices * and a ents or clain	igree to co ns may sul	omply with bject me t	any	
-	Representative	, or an internet site wh	ere you may obtain	ma ns., is contained in the c		man a vyono	, , , , , , , , , , , , , , , , , , , ,			
19. Authorized	I Representative		Middle Name:	ina	* Last i	Name:			Suffix:	
19. Authorized	Representative	N				Name:		,	Suffix:	
19. Authorized Prefix: * F Ms. Ra	Representative	rator	fiddle Name:		* Last i	Name:	7		Suffix:	
19. Authorized Prefix: * F Ms. Ra * Position/Title:	Representative First Name: Immona Sr. Contract Administr	nator sing	fiddle Name:	: General Atomics	* Last i	Name:			Suffix:	
19. Authorized Prefix: * F Ms. Ra * Position/Title: Department:	Representative First Name: Immona Sr. Contract Administr Contracts and Purchase 3550 General Atomics	nator sing	* Organization Division: Street2:	: General Atomics	* Last I	Name:	A: Califori		Suffix:	
19. Authorized Prefix: * F Ms. Ra * Position/Title: Department: * Street1:	Representative First Name: Immona Sr. Contract Administr Contracts and Purchase 3550 General Atomics	rator sing s Court	* Organization Division: Street2:	: General Atomics Magnetic Fusion	* Last I	Name:			Suffix:	
19. Authorized Prefix: * F Ms. Ra * Position/Title: Department: * Street1: * City: San Di Province:	Representative First Name: Immona Sr. Contract Administr Contracts and Purchase 3550 General Atomics	rator sing a Court Court	* Organization Division: Street2:	: General Atomics Magnetic Fusion	* Last I	Name: er * State: CA 92121-1122			Suffix:	
19. Authorized Prefix: * F Ms. Ra * Position/Title: Department: * Street1: * City: San Di Province:	Representative First Name: Immona Sr. Contract Administr Contracts and Purchase 3550 General Atomics iego	rator sing Count Fax I	* Organization Division: Street2: hty: Country: JNITE	: General Atomics Magnetic Fusion O S1 * ZIP / Postal (* Last I Gompp	Name: er * State: CA 92121-1122	A: Califori	•@gat.com	Suffix:	

PART I - FACE SHEET

APPLICATION FOR FE Modified Standard Form 424 (Rev. 02/07 to con			TYPE OF SUBMISSION: Application X Non-Construction	
2a, DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/11/07	3. DATE RECEIVED BY STATE		STATE APPLICATION DENTIFIER:	
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERAL	AGENCY:	FEDERAL DENTFER:	
08SF081894	10/11/07	06SFPCA002		
5. APPLICATION INFORMATION	Abro			
LEGAL NAME Fresno County Economic Opportunities Commission DUNS NUMBER: 078788023 ADDRESS (give atreet address, city, state, zip code and county): 1920 Mariposa Mall Suita 300 Fresno CA 93721 - 2504 County: Fresno 6. EMPLOYER DENTIFICATION NUMBER (EN): 941606519 8. TYPE OF APPLICATION (Check appropriate box). NEW NEW/PREVIOUS GRANTEE X CONTINUATION AMENDMENT If Amendment, enter appropriate letter(s) in box(es): A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below): 109. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94,011 10b. TITLE Foster Grandparent Program		PERSON TO BI area codes): NAME Victori TELEPHONE N. FAX NUMBER NTERNET 6-M 7. TYPE OF AP 78. Non-Profit 7b. Community	UMBER: (559) 263-1533 (559) 263-1540 AL ADDRESS: Vickl.lopes@fresnoedc.org	
		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service 11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Fresno/Madera FGP 11.b. CNCS PROGRAM NITIATIVE (IF ANY):		
 AREAS AFFECTED BY PROJECT (List Olives, Freeho County, CA and contiguous city in Ma 	adera, CA			
13. PROPOSED PROJECT: START DATE: 01/0	1/08 END DATE 12/31/08	14, CONGRESS	IONAL DISTRICT OF: s.Applicant CA 20 b.Program CA 20	
a. FEDERAL b. AFFLICANT c. STATE	\$ 365,976.00 \$ 79,470.00 \$ 0.00	18, IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? X YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 12-OCT-07		
			RAM IS NOT COVERED BY E.O. 12372	
d. LOCAL	\$ 71,824.00		JCANT DELINQUENT ON ANY FEDERAL DEBT?	
e. OTHER	\$ 7,646.00	_	(ES if "Yes," attach an explanation. X NO	
f. PROGRAM INCOME	\$ 0.00			
			ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN LY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE	
B. TYPED NAME OF AUTHORIZED REPRESENTA	TIVE b. TITLE		c. YELEPHONE NUMBER:	
Roger Palomino	Executive Dire	ector	(559)263-1010	
d. SIGNATURE OF AUTHORIZED REPRESENTAT	WE:		a. DATE SIGNED: 10/11/07	

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Modified Standard Form 424 (Rev. 02/07 to confirm to the Corporetion's agrants System Syst			1. TYPE OF SUBMISSION:			
Modified Standard Form 424 (Rev.02/07 t	o confirm to the Corporatio	n's aGranta System)	Application X Non-Construction			
2B. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 10/11/07	3. DATE RECEIVED	BY STATE:	STATE APPLICATION IDENTIFIER			
2b. APPLICATION ID:	4. DATE RECEIVED	By Fedéral Agency:	FEDERAL DENTIFIER			
08SF081415	10/11/07					
5. APPLICATION INFORMATION						
LEGAL NAME County of Sacramento De	narimen) of Human Anglers	NAME AND	MONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER			
OUND NUMBER: 143896339	pullinant of themen ridgical	PERSON TO area codes)	PERSON TO BE CONTACTED ON MATTERS IN OLVING THIS APPLICATION (give erea codes): NAME: Dennis Brodsky TELEPHONE NUMBER: (916) 875-4462 FAX NUMBER: (916) 875-3789 INTERNET E-MAIL ADDRESS: brodskyd@saccounty.ret			
ADDRESS (give street address, city, state 2433 Marconi Avenue Sacremento CA 95821 - 4807 County: Secremento	, zip code and counly):	TELETIONE FAX NUMBE				
6. BMPLOY ER IDENTIFICATION NUMBER (E 946000529	<u></u>		NPC.ICANT: overnment - County overnment, Municipal			
8. TYPE OF APPLICATION (Check appropri	late box).					
NEW X NEW	VIPPLEVIDUS GRANTEE ENOMENT 1 DOX(es):		RECEIVED OCT 1 1 2007			
C. NO COST EXTENSION D. OTHER (Spe	cily below):		STATE CLEARING HOUS			
			FEDERAL AGENCY: ation for National and Community Service			
10a. CATALOG OF FEDERAL DOMESTIC A 10b. TITLE Foster Grandparent Program 12. AREAS AFFECTED BY PROJECT (List of Secremento City and County, Placer Co	Cities, Countles, States, elc	Sacramer	PTIVE TITLE OF APPLICANT'S PROJECT: ALD Foster Grandparent Program ROGRAM INITIATIVE (IF ANY):			
13. PROPOSED PROJECT: START DATE	01/01/06 END DATE	12/31/10 14. CONGRES	SSIONAL DISTRICT OF: 8.Applicant CA 03 b.Program CA 03			
15. ESTIMATED FUNDING: Year #: 1		16. IS AFFLIC	ATION SUBJECT TO REVIEW BY STATE EXECUTIVE			
8. FEDERAL	\$ 444,379.00	ORDER 12372	S PREAPFLICATION/AFFLICATION WAS MADE AVAILABLE			
b. AFFLICANT	\$ 92,406.00	TO	THE STATE EXECUTIVE ORDER 12372 PROCESS FOR IEW ON:			
c. STATÉ	\$ 0.00	DA	TE 15-F⊞-08			
d. LOCAL	\$ 45,598.00		GRAM IS NOT COVERED BY E.O. 12372			
e. OTHER	\$ 46,808.00		PLICANT DELINQUENT ON ANY FEDERAL DEBT7 YES if "Yos," attach an explanation. [X] NO			
1. PROGRAM INCOME	\$ 0.00		_			
g. TOTAL	\$ 636,785.00					
			ON ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN PLY WITH THE ATTACHED ASSURANCES IF THE ASSURTANCE			
B. TYPED NAME OF AUTHORIZED REPRESE	NTATIVE D. T	me	C. TELETIONE NUMBER:			
Karla Craw ford	F	rogram Managar, Volunteer Sar	vices (916) 875-3582			
d. SIGNATURE OF AUTHORIZED REPRESE	NTATIVE		e. DATE SIGNED: 10/03/07			

DRAFT PART I - FACE SHEET

APPLICATION I Modified Standard Form 424 (Re				1, TYPE OF SUB) Application X	Non-Construction	,	
E. DATE SUBMITTED TO CORPO. OR NATIONAL AND COMMUNITY	RATION 3. DATE	RECEIVED BY STATE		STATEAPPLICAT			
ERVICE (CNCS):	<u> </u>			1			
D. APPLICATION ID:	4. DATE	RECEIVED BY FEDERAL	LAGENCY:	FEDERAL IDENTIF	ER:		
08SR082632					_		
APPLICATION INFORMATION							
EGAL NAME: Volunteer Center UNS NUMBER: 185382708	of Freeno				N FOR PROJECT DIRECTO TITERS INVOLVING THIS		(give
DORESS (give street address, c	ity, state, zip code and	county):	NAME Robbi	e L. Cranch			
1900 Meripose Mell, Suite 114	•		1	UMBER: (559) 237-3	3101		
Fresno CA 93721 - 2525 County: Fresno			1	(559) 237-6860	noh@aseball nat	•	
			NIERNEI E-M	ALADDRESS: rcrai	icuesbacoerner		
EMPLOYER IDENTIFICATION NU	IMBER (EN):		7. TYPE OF AF				
942314672			7b. Volunteer	Management Organiza	ilion		
TYPE OF APPLICATION (Check	appropriate box).		Community	-Based Organization			
NEW	NEW/PREVIOUS GR	₩ NIEE					
CONTINUATION	AMENDMENT						
Amendment, enter appropriate le	etter(a) in box(as):	: 					
. AUGMENTATION B. BU	DOGET REVISION						
. NO COST EXTENSION D. OTH	HER (specify helpw):		İ				
.100001 2(12001 5:01)	Extrapeony barry,		Q NAME OF FE	 Deral agency:			
			1 77 7		al and Communit	v Service	
a. CATALOG OF FEDERAL DON		JMBER: 94.002	· ·	TVETTTLE OF APPLICA	INT'S PROJECT:		
b. TITLE: Retired and Senior V	olunteer Program		RSVP Frest		AARA.		
. AREAS AFFECTED BY PROJEC		States, etc):	11.b. CNCS PRO	OGRAM NITATIVE (IF	ANT):		
Freeno, Madera and Merced Co	puntles, CA						
PROPOSED PROJECT: STAR	T DATE: 01/01/08	END DATE 12/31/10	44 CONTO DE CONTO	IONAL DISTRICT OF;	a,Applicant CA 20		CA 20
			14. CONGRESS		a'Whhirpur AV 50	b.Program	
ESTIMATED FUNDING: Year I	#: 1						
. ESTIMATED FUNDING: Year	# <u>-</u>			TION SUBJECT TO REA	/EW BY STATE EXECUTI		
a. FEDERAL		297.00	16. IS APPLICA ORDER 12372 F	TION GUBJECT TO REV TROCESS7 PREAPPLICATION/AFT	/EW BY STATE EXECUTI	WE VALABLE	
•	\$ 93,2	297.00 987.00	16, IS APPLICA ORDER 12372 F X YES, TMS	TION GUBJECT TO REV TROCESS7 PREAPPLICATION/AFT	/EW BY STATE EXECUT	WE VALABLE	_
a. FEDERAL	\$ 93,2		16, IS APPLICA ORDER 12372 F X YES, TMS	TION SUBJECT TO REN ROCESS7 PREAPPLICATION/APPLE STATE EXECUTIVE W ON:	/EW BY STATE EXECUTI	WE VALABLE	
b. AFFLICANT	\$ 93,2 \$ 39,9	987.00	16. IS APPLICA* ORDER 12372 F X YES, TMS TO TH REVIE DATE	TION SUBJECT TO REARCESS? PREAPPLICATIONAPPLE STATE EXECUTIVE W ON: 12-0CT-07	LICATION WAS MADE A DROCESS	WE VALABLE	
a. FEDERAL b. AFFLICANT c. STATE	\$ 93,2 \$ 39,9	0.00	16. IS APPLICATION ORDER 12372 F X YES, THIS TO THE REVIE DATE NO. PROG	TION SUBJECT TO REARCESS? PREAPPLICATIONAPPLE STATE EXECUTIVE W ON: 12-0CT-07	ALICATION WAS MADE A ORDER 12372 PROCESS D BY E.O. 12372 ON ANY FEDERAL DEBT?	VALABLE FOR	
a. FEDERAL b. AFFLICANT c. STATE d. LOCAL e. OTHER	\$ 93,2 \$ 39,9 \$ 39,9	987.00 0.00 987.00	16. IS APPLICATION ORDER 12372 F X YES, THIS TO THE REVIE DATE NO. PROG	TION SUBJECT TO REA ROCESS? PREAPPLICATIONAPP E STATE EXECUTIVE W ON: 12-OCT-07 RAM IS NOT COVERE ICANT DELINQUENT O	LICATION WAS MADE A DRDER 12372 PROCESS DBY E.O. 12372 NAMY FEDERAL DEBT?	VALABLE FOR	
a. FEDERAL b. AFFLICANT c. STATE d. LOCAL e. OTHER f. PROGRAM INCOME	\$ 93,2 \$ 39,9 \$ \$ \$ 39,9	0.00 0.00 0.00 0.00	16. IS APPLICATION ORDER 12372 F X YES, THIS TO THE REVIE DATE NO. PROG	TION SUBJECT TO REA ROCESS? PREAPPLICATIONAPP E STATE EXECUTIVE W ON: 12-OCT-07 RAM IS NOT COVERE ICANT DELINQUENT O	LICATION WAS MADE A DRDER 12372 PROCESS DBY E.O. 12372 NAMY FEDERAL DEBT?	VALABLE FOR	
B. FEDERAL b. AFFLICANT c. STATE d. LOCAL e. OTHER f. FROGRAM INCOME g. TOTAL TO THE BEST OF MY KNOWLE LY AUTHORIZED BY THE GOVE	\$ 93,2 \$ 39,9 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	987.00 0.00 0.00 0.00 0.00 0.00 0.00	16, IS APPLICATION ORDER 12372 F X YES, TMS TO TH REVIE DATE NO. PROG 17, IS THE APPL Y	TION SUBJECT TO RENTROCESS? PREAPPLICATIONAPPLE STATE EXECUTIVE W ON: 12-OCT-07 PRAM IS NOT COVERED ICANT DELINQUENT CO	ALICATION WAS MADE A ORDER 12372 PROCESS D BY E.O. 12372 ON ANY FEDERAL DEBT? an explanation.	VAILABLE FOR NO	
a. FEDERAL b. AFFLICANT c. STATE d. LOCAL e. OTHER f. FROGRAM INCOME g. TOTAL TO THE BEST OF MY KNOWLE LY AUTHORIZED BY THE GOVE KWARDED.	\$ 93,2 \$ 39,9 \$ 39,9 \$ 133,2 DGEAND BELEF, ALL C	987.00 0.00 0.00 0.00 0.00 0.00 0.00	16, IS APPLICATION ORDER 12372 F X YES, TMS TO TH REVIE DATE NO. PROG 17, IS THE APPL Y	TION SUBJECT TO RENTROCESS? PREAPPLICATIONAPPLE STATE EXECUTIVE W ON: 12-OCT-07 PRAM IS NOT COVERED ICANT DELINQUENT CO	LICATION WAS MADE A ORDER 12372 PROCESS DBY E.O. 12372 IN ANY FEDERAL DEBT? an explanation. X ECT, THE DOCUMENT MED ASSURANCES IF THE	VAILABLE FOR NO NO AS BEEN ASSISTANCE	
a. FEDERAL b. AFFLICANT c. STATE d. LOCAL e. OTHER f. FROGRAM INCOME g. TOTAL TO THE BEST OF MY KNOWLE LY AUTHORZED BY THE GOVE AWARDED. Y PED NAME OF AUTHORZED F	\$ 93,2 \$ 39,9 \$ \$ 39,9 \$ \$ 133,2 DGE AND BELEF, ALL CRING BODY OF THE A	987.00 0.00 0.00 0.00 0.00 0.00 DATA IN THIS APPLICATION PPLICANT AND THE APP	16, IS APPLICATION ORDER 12372 F X YES, THIS TO TH REVIE DATE NO. PROG 17, IS THE APPL ON PREAPPLICATION ALICANT WILL COMPL	TON SUBJECT TO RENTROCESS? PREAPPLICATIONALT E STATE EXECUTIVE W ON: 12-OCT-07 RAM IS NOT COVERE (CANT DELINQUENT COVERE) (CANT DELINQUENT COVERE	LICATION WAS MADE A ORDER 12372 PROCESS DBY E.O. 12372 IN ANY FEDERAL DEBT? an explanation. A ECT, THE DOCUMENT M. ED ASSURANCES F THE	VAILABLE FOR NO NO AS BEEN ASSISTANCE	
a. FEDERAL b. AFFLICANT c. STATE d. LOCAL	\$ 93,2 \$ 39,9 \$ \$ 39,9 \$ \$ 133,2 DGE AND BELEF, ALL CENING BODY OF THE A	987.00 0.00 0.00 0.00 0.00 0.00 DATA IN THIS APPLICATION PPLICANT AND THE APP	16, IS APPLICATION ORDER 12372 F X YES, THIS TO TH REVIE DATE NO. PROG 17, IS THE APPL ON PREAPPLICATION ALICANT WILL COMPL	TON SUBJECT TO RENTROCESS? PREAPPLICATIONALT E STATE EXECUTIVE W ON: 12-OCT-07 RAM IS NOT COVERE (CANT DELINQUENT COVERE) (CANT DELINQUENT COVERE	LICATION WAS MADE A ORDER 12372 PROCESS DBY E.O. 12372 IN ANY FEDERAL DEBT? an explanation. X ECT, THE DOCUMENT MED ASSURANCES IF THE	VAILABLE FOR NO NO AS BEEN ASSISTANCE	

APPLICATION FOR					Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED 10/12/2007		Applicant Ide	entifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	Y STATE	State Applica	ation Identifier
✓ Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Iden	tifier
Non-Construction	☐ Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit		
Rural Communities Housing De	wolonmont Corporation		Department:		
Organizational DUNS:	- Corporation		Development Division:		
034976589					
Address: Street:			involving this appli		erson to be contacted on matters ea code)
499 Leslie St			Prefix:	First Name: Erika	
City: Ukiah			Middle Name	Lina	
County: Mendocino			Last Name Holzhauer		
State: CA	Zip Code		Suffix:	- Independent	
Country:	95482		Email:		
6. EMPLOYER IDENTIFICATION	NA ALLIMPED (EIN):		eholzhauer@rchdc.c		Eav Number (sing sees ands)
			(707) 463-1975 Ext 1		Fax Number (give area code)
9 4 - 2 3 1 9 8 9 4 8. TYPE OF APPLICATION:					707-463-2252 ck of form for Application Types)
V Nev	w Continuatio	n Revision		ANT. (See Dat	ck of form for Application Types)
If Revision, enter appropriate lett (See back of form for description	ter(s) in box(es)	T TREVISION	O Other (specify)		
Other (specify)			9. NAME OF FEDER USDA Rural Develop		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANC	E NUMBER:	·		ICANT'S PROJECT:
TITLE (Name of Program):		10-415	McCarty Manor Reh		RECEIVED
12. AREAS AFFECTED BY PR	OJECT (Cities Counties	States etc.):		1	OCT 1 2 2007
Ukiah, Mendocino County, Calif		,, otatos, oto.,.			
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	STATE CLEARING HOUSE
Start Date:	Ending Date: 02/01/2008		a. Applicant District 1	Į.	b. Project District 1
11/15/2007 15. ESTIMATED FUNDING:	02/01/2008			SUBJECT TO	REVIEW BY STATE EXECUTIVE
a Fodoral (C			ORDER 12372 PROC		N/APPLICATION WAS MADE
a. Federal \$ USDA Rural Development		150,000	a. res. Mz. AVAILAE	SLE TO THE ST	ATE EXECUTIVE ORDER 12372
b. Applicant \$			PROCES	SS FOR REVIE	WON
c. State \$.00	DATE: 1	0/09/07	
d. Local \$.00	b. No. PROGRA	M IS NOT CO	/ERED BY E. O. 12372
e. Other \$.00	1 1		T BEEN SELECTED BY STATE
f. Program Income \$. 00	17. IS THE APPLICA	NT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	- 0-0-0-0	.00	Yes If "Yes" attacl	n an explanation	n. 🗸 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF			
a. Authorized Representative	Fit N		N A : J - J	N	
Prefix	First Name Duane		Middle	name	
Last Name Hill			Suffix		
b. Title Executive Director	Ment			phone Number 53-1975	(give area code)
d. Signature of Authorized Repre-	sentalive			Signed 10	109/07
Previous Edition Usable Authorized for Local Reproduction	n				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102



PART I - FACE SHEET

APPLICATION FOR FE	DERAL ASSISTAN	NCE	1. TYPE OF SUBMISSION:			
Modified Standard Form 424 (Rev.02/07 to con	firm to the Corporation's eGrants Sys	tem)	Application X Non-Construction			
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:		STATE APPLICATION IDENTIFIER:			
2b. APPLICATION ID: 08SR082632	4. DATE RECEIVED BY FEDERAL AC	GENCY:	FEDERAL IDENTIFIER:			
5. APPLICATION INFORMATION						
LEGAL NAME: Volunteer Center of Fresno DUNS NUMBER: 165362708 ADDRESS (give street address, city, state, zip of 1900 Mariposa Mail, Suite 114 Fresno CA 93721 - 2525 County: Fresno	ode and county):	PERSON TO BE (area codes): NAME: Robbie L TELEPHONE NUM FAX NUMBER: (MBER: (559) 237-3101			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942314572 8. TYPE OF APPLICATION (Check appropriate books) X NEW NEW/PRE CONTINUATION AMENDME If Amendment, enter appropriate letter(s) in box(A. AUGMENTATION B. BUDGET REVISIO C. NO COST EXTENSION D. OTHER (specify books)	VIOUS GRANTEE ENT es):		anagement Organization RECEIVED OCT 1 5 2007 STATE CLEARING HOUSE			
10a. CATALOG OF FEDERAL DOMESTIC ASSIST	ANCE NUMBER: 94.002		ERAL AGENCY: on for National and Community Service //E TITLE OF APPLICANT'S PROJECT:			
Retired and Senior Volunteer Progr AREAS AFFECTED BY PROJECT (List Cities, Fresno, Madera and Merced Counties, CA		RSVP Fresno	OGRAM INITIATIVE (IF ANY):			
13. PROPOSED PROJECT: START DATE: 01/0	1/08 END DATE: 12/31/10	14. CONGRESSIO	DNAL DISTRICT OF: a.Applicant CA 20 b.Program CA 2	20		
15. ESTIMATED FUNDING: Year #: 1		President Indianation of Properties allegated	ON SUBJECT TO REVIEW BY STATE EXECUTIVE			
a. FEDERAL b. APPLICANT c. STATE	\$ 93,297.00 \$ 39,987.00 \$ 0.00	ORDER 12372 PROCESS? X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 12-OCT-07				
d. LOCAL	\$ 39,987.00	The second secon	AM IS NOT COVERED BY E.O. 12372			
e. OTHER	\$ 0.00	_	CANT DELINQUENT ON ANY FEDERAL DEBT? ES if "Yes," attach an explanation. X NO			
f. PROGRAM INCOME	\$ 0.00	_				
			ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN / WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE			
a. TYPED NAME OF AUTHORIZED REPRESENTAT	5530 7,702 6000000	r Contor	c. TELEPHONE NUMBER: 559/237-3/01 Executive Director			
Donna Ueland d. SIGNATURE OF AUTHORIZED REPRESENTAT		. Centel	Executive Director e. DATE SIGNED: 10-12-57			